8813

08790 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cedar Grove
LENGTH OF STAY (in this place) 6 O A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS md R-27

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN PITTSBURG 15X-3
STREET ADDRESS (If rural, give location) 540 SEAGIRT ST.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	T.	Aber	Sept	28	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	8-31-34	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
SOLDIER		PITTSBURG PA.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM THOMAS ABER	RUTH ELEANOR —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
YES AT PRESENT		US ARMY RECORDS FT. MEADE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
823X Immediate cause	(a) Hemorrhage + laceration of brain	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Compound fracture of skull	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway	21c. (City or town) (County) (State) Cedar Grove Monty 15 MD
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-28-55 - 11:50 PM.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Driver of auto which left highway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J Burnhart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
REMOVAL	29 Sept 1955	Sunset View	PITTSBURG PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 29, 1955	Brenda G Cooke	RINALDI FUNERAL HOME	816 N. ST. NE. WASH D. C

8814

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08791 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jerm St. & Old Bladensburg Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS RFD #1 (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lawrence Philmore Ambush	Sept 2 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Col	Divorced	11-11-'17	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John P. Ambush	Mary Ansley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW #2	219-05-4989	Leonard Ambush (Brother) Jefferson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Electrocution	suddenly
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Street	Wheaton Montg Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
9-2-55 - 11 A M.		Crane contacted high tension wire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-55	St. Paul	Della, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-55	Frances Potter	Robert L. Snowden	Rockville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08792

CERTIFICATE OF DEATH

8815

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CALLIE (Middle) MARGARET (Last) ANDERS

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: September 16, '55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 34 Min. 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dave Joshua Anders

14. MOTHER'S MAIDEN NAME: Hazel Mae Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Sept., 1955, to 17 Sept., 1955, that I last saw the deceased alive on 16 Sept., 1955, and that death occurred at 11 P. M, from the causes and on the date stated above.

SIGNATURE John McSmith M. D. ADDRESS Barnesville DATE SIGNED 18 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried — DATE THEREOF 7/19/55 — NAME OF CEMETERY OR CREMATORY Mt Olivet — LOCATION (City, town, or county) Fries (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville MD

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

20951612 81

8816

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08793

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural give location) 3401 Connecticut Ave

3. NAME OF DECEASED: (First) Isaac (Middle) Barr (Last) Anderson

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 24 1897	58 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Navy Dept Bureau of Ordnance		Ohio	U.S.

13. FATHER'S NAME: Isaac Anderson
14. MOTHER'S MAIDEN NAME: Florence Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Mrs. Virginia Anderson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

578X IMMEDIATE CAUSE (A) Paralytic Ileus — 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diverticulitis & rupture & abscess formation -

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypokalemia

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-20-55 3	Abscess of sigmoid -	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE James H Scully M. D. ADDRESS 1835 Eye St NW DATE SIGNED 9-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 27-55	Spring Grove Cemetery	Cincinnati, Ohio

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/26/55	Bessie M. Thompson	S. H. Hines Co	2901 14th St. NW. D.C.

8817

08795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase

LENGTH OF STAY (in this place) 17 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4107 Bradley Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase X

STREET ADDRESS (If rural, give location) 4107 Bradley Lane

3. NAME OF DECEASED: (Type or Print) (First) Byron (Middle) Tracy (Last) Ansell

4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-8-1906

9. AGE Last birthday: 49 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Gen Samuel T. Ansell

14. MOTHER'S MAIDEN NAME: Elmeda Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary W. Ansell (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchat M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF Sept 3 55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Wash. D. C.

DATE REC'D BY LOCAL REG. 9/6/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jos. Gawler's Sons

ADDRESS 1754 Pa. Ave. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08796

CERTIFICATE OF DEATH

8818 Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 hrs 17 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval lHospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83 X 3
STREET ADDRESS (If rural give location) 1653 North 21st Road ✓

3. NAME OF DECEASED: (First) Linda (Middle) Myrtle (Last) AVEY
4. DATE OF DEATH: (Month) September (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	9-14-55	yrs.			3	17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -
10B. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hollis C. AVEY
14. MOTHER'S MAIDEN NAME: Lillian W. ETHERINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father Hollis C. AVEY Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

760.0 IMMEDIATE CAUSE (A) DUE TO Cerebral birth injury — 3 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sept, 1955, to 14 Sept, 1955 that I last saw the deceased alive on 14 Sept, 1955, and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE G. A. Magnant — ADDRESS — DATE SIGNED

G. A. MAGNANT LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	17 Sept 1955	Cedar Hill Crematory	Prince George Co Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
15 Sept 1955	Mary E. Farnelly	Ives Funeral Home,	2047 Wilson Blvd, Arlington, Virginia

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 20953331446

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8819

CERTIFICATE OF DEATH

08797

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 Gist Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 805 Gist Avenue

3. NAME OF DECEASED: (First) JOSEPH (Middle) C. (Last) BEEDLE (Type or Print)

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/5/83

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Mt. Jackson, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah A. Beedle

14. MOTHER'S MAIDEN NAME: Margaret Basye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-12-3496

17. INFORMANT & ADDRESS: Mrs. Grace H. Beedle, 805 Gist Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343
IMMEDIATE CAUSE (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1955, to 9 Sept. 1955, that I last saw the deceased alive on 6 Sept. 1955, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

SIGNATURE William D. Arnold M.D. ADDRESS Silver Spring DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/11/55

NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): Burtonsville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-12-55

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner & Lumpkins ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8784

08798

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, DC. 4-7 x-3
STREET ADDRESS (If rural give location) 1412 Whittier St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Catherine (Last) Boihl

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 5-8-11
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator
10B. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Boihl
14. MOTHER'S MAIDEN NAME: Anna Oldenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Willa Smith – Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE
(A) Gen. Carcinomatosis — Known for 1 yr
ANTECEDENT CAUSE (S)
DUE TO
(B) Carcinoma of Lft Breast — 1945
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1955, to 9/23, 1955, that I last saw the deceased alive on 9/23, 1955, and that death occurred at 7:20 M, from the causes and on the date stated above.
SIGNATURE F. F. Morse, M.D.
ADDRESS 2830 Carroll Ave Takoma Park Md
DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 26-1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem
LOCATION (City, town, or county) (State) Prince Georges Co Md
DATE REC'D BY LOCAL REGISTRAR Sept 23rd 1955
REGISTRAR'S SIGNATURE J. Nolan Deale
24. FUNERAL DIRECTOR Deale Funeral Home
ADDRESS Takoma D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

2095181396

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08799

8785

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
17 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 hr.
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel 16X-2
STREET ADDRESS (If rural give location) Route #1 ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bender

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Wt.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 9-25-55
9. AGE last birthday yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Steve Raymond Bender
14. MOTHER'S MAIDEN NAME: Shirley Ann Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7573

IMMEDIATE CAUSE (A) Incomplete expansion of lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Herniation of intestine & part of liver into rt. chest,
DUE TO (C) Congenital defect of right half of diaphragm.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1955, to 9-25, 1955, that I last saw the deceased alive on 9-25, 1955, and that death occurred at 10:04 PM M, from the causes and on the date stated above.

SIGNATURE Ruth Standard M.D. ADDRESS Wash. San. & Hosp. Takoma Park Md. DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 28, 1955
NAME OF CEMETERY OR CREMATORY P.O.S. of A.
LOCATION (City, town, or county) Hooversville, (State) Penna.

DATE REC'D BY LOCAL REGISTRAR Sept 26-1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Ballers
ADDRESS 254 Carroll St. NW Takoma Park 12, D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

8820

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08800

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONT. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
STREET ADDRESS (If rural give location) 9508 - W. STANHOPE Rd.

3. NAME OF DECEASED: (Type or Print) (First) WENDELL (Middle) (Last) BERGE

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: APR. 24, 1903

9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LINCOLN, NEB.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE W. BERGE

14. MOTHER'S MAIDEN NAME: CORA OTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: LAURA E. BERGE 9508 - W. STANHOPE Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444X
IMMEDIATE CAUSE (A) Myocardial Failure
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Sept 25, 1955, that I last saw the deceased alive on ....., 19....., and that death occurred at 11:30 P M, from the causes and on the date stated above.

SIGNATURE Charles J. Gesheidler ADDRESS M. D. 1834 Conn Ave DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/28/55 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR 9/26/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS WASH, D.C.

Dr Brockart notified by Dr
Gerhardt 12:10 AM 9-25-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08801

8821

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 PARK VALLEY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 9 PARK VALLEY ROAD

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) ALEXANDER (Last) BLUNDON

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 20 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 16, 1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder - Owns Business

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: LOUIS A. BLUNDON

14. MOTHER'S MAIDEN NAME: Mabel Eagleson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Dallas Keith Blundon, 9 Park Valley Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 237X (A) Brain Tumor. — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1953 to 9/20, 1955, that I last saw the deceased alive on 9/20, 1955, and that death occurred at 4:15 M, from the causes and on the date stated above.

SIGNATURE D. B. Wardrop M.D. ADDRESS 837 Bonifant St. DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/23/55

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR: 9/22/55

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08802

8322

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda

LENGTH OF STAY (in this place): 1Yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Resmer Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg X

STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Eulalie (Last) Boland

4. DATE OF DEATH: (Month) (Day) (Year) Sept 1st 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-24-1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 6 Days 7 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Chaperon. Girls School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Linganore, Frederick Co, Md, U S A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Boland

14. MOTHER'S MAIDEN NAME: Emma Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-6805

17. INFORMANT & ADDRESS: Hobert H. Ramsdell. Washington. D. C,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 170X Carcinoma Right Breast — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Sept 1

22. I hereby certify that I attended the deceased from Aug, 1954, to Sept 1st, 1955, that I last saw the deceased alive on Aug 31, 1955, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Vernon E. Martens MD — ADDRESS: Germantown — DATE SIGNED: Sept. 1, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-3-55 — NAME OF CEMETERY OR CREMATORY: St, Rose — LOCATION (City, town, or county) (State): Clopper. Md,

DATE REC'D BY LOCAL REGISTRAR: Sept 3, 1955 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: Ernest C. Gartner, Gaithersburg. Md,

MARYLAND STATE DEPARTMENT OF HEALTH

08803

8823

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Olney
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) (Last) Boswell
4. DATE OF DEATH: (Month) September (Day) 15 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4/30/82
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marvin Elza Plummer
14. MOTHER'S MAIDEN NAME: Alice Claggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X Immediate cause (a) Uremia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of Bladder with
(c) metastases — 15 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Bladder
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 9/15, 1955, that I last saw the deceased alive on ....., 19....., and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: SEPT 17 1955
NAME OF CEMETERY OR CREMATORY: SALEM
LOCATION (City, town, or county): BROOKEVILLE (State): MD

DATE REC'D BY LOCAL REG. 9-16-55
REGISTRAR'S SIGNATURE: Gertrude B Fowler
24. FUNERAL DIRECTOR: Roy W Barber
ADDRESS: Laytonsville Md

8824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08804

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTG. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FOREST GLEN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LE DEAU GARDENS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 5520 1 St NE

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) A (Last) BOWEN

4. DATE OF DEATH: (Month) SEP. (Day) 7 (Year) 1955

5. SEX: F
6. COLOR OR RACE: CAUCASIAN
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH:
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Christopher Fendner
14. MOTHER'S MAIDEN NAME: Sophia Ehert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs P.W. Christensen 5520 1st St NE Washington DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE
(A) HEART FAILURE, CHRONIC

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) CORONARY OCCLUSION
DUE TO (C) WITH MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH: 10 da.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATOID ARTHRITIS, CHRONIC

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25, 1955, to 9-7, 1955, that I last saw the deceased alive on 9-6, 1955, and that death occurred at 11:00 P M, from the causes and on the date stated above.

SIGNATURE Robert J. Thibadeau
ADDRESS M. D. Kensington Md.
DATE SIGNED Sep. 7 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 9-8-55
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR 9-8-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Deal Funeral Home
ADDRESS 4812 Hale

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08805

8825

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
LENGTH OF STAY (in this place) 6 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVILLE
STREET ADDRESS (If rural give location) 13129 SUPERIOR STREET

3. NAME OF DECEASED: (Type or Print) (First) GIRL (Middle) (Last) BRADBURY

4. DATE OF DEATH: (Month) SEP (Day) 30 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: SEP. 30, 1955
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 6 Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROY BRADBURY
14. MOTHER'S MAIDEN NAME: ANN S. TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Anoxia — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Pulmonary immaturity

(C) Prematurity (6½ months)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 SEPT 1955 to 30 SEPT 1955, that I last saw the deceased alive on 30 SEPT 1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE M. D. Ira W. Pearlman
ADDRESS 4300 Rockledge Blvd Bethesda
DATE SIGNED Oct 1 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 3, 1955
NAME OF CEMETERY OR CREMATORY Parklawn Cemetery
LOCATION (City, town, or county) Montgomery Co.
(State) Maryland

DATE REC'D BY LOCAL REGISTRAR 10/3/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Harner & Humphreys
ADDRESS 8361 Georgia Ave Silver Spring Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

20952813 01

08806

8786

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 4 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sarasota 48 X-3
STREET ADDRESS (If rural give location) 488 North Shore Drive

3. NAME OF DECEASED: (First) Berta (Middle) (None) (Last) Bradshaw
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: Fe.
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 6-27-87
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Samuel G. Whalley
14. MOTHER'S MAIDEN NAME: Ida Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT & ADDRESS: Hospital Records Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 420.1
(A) Coronary Occlusion — 15" - 9/20/55

ANTECEDENT CAUSE (S)
DUE TO " " — 9/17/55 T

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO — 1943
(C) Chr Deg Myocarditis & Dendl Branch Block — 1943

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/, 1943, to 9/21/, 1955 that I last saw the deceased alive on 9/20/, 1955, and that death occurred at 12 10 A M, from the causes and on the date stated above.

SIGNATURE J. T. Morse
ADDRESS M.D. 7030 Carroll Ave Takoma Park Md
DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 9/23/55
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: SEP 1 1955
REGISTRAR'S SIGNATURE: Lillian Dodd
24. FUNERAL DIRECTOR: Jos. Gawler's Sons
ADDRESS: 1756 Pa. Ave. N. W. Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08807

8826

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): X

LENGTH OF STAY (in this place): 31 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center, Bethesda, Maryland

50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia — COUNTY Fairfax

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Springfield, Virginia 93 X - 3

STREET ADDRESS (If rural give location): 6108 Backlack Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Hannah Michelback Brenner	Sept. 15, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 24, 1901	54 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	---	New Jersey	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Fred Michelback	Ella Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 No --	Not available	The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

Immediate cause (a) multiple fractured femora, subsequent to — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) multiple myeloma — 8 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. multiple myeloma deposits, kidneys

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
--- m.		---

22. I hereby certify that I attended the deceased from Aug. 15, 1955, to Sept. 15, 1955, that I last saw the deceased alive on Sept. 15 1955, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Kumer M.D — ADDRESS: The Clinical Center, NIH, Bethesda, Md. — DATE SIGNED: 9-15-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Sept 14 1955	Mt. Comfort Cem.	Alexandria, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/20/55	Bessie M. Thompson	Wheatley Funeral Home by Charles Ross	809 King St Alexandria

8827

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 08808

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9507 Ewing Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9507 Ewing Dr

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Sheup (Last) Broadbent

4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	7-18-1880	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Treasury
10b. KIND OF BUSINESS OR INDUSTRY: - retired
11. BIRTHPLACE (State or foreign country): Del.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Broadbent
14. MOTHER'S MAIDEN NAME: Emma Sheup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Frank C. Broadbent-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9744
Immediate cause (a) Asphyxia by hanging DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead hanging by rope in bath room

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY home
21c. (City or town) Bethesda (County) Mont (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-20-55 - 10:45 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? hanging

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broadbent M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/22/1955	Glenwood	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/22/55	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

8828

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08809 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Russell (Last) Berkley

4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 28, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Berkley

14. MOTHER'S MAIDEN NAME: Emma Nugent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Emma Stewart, Kansas ave, Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abdominal Hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) bullet wound Thru liver & abdominal aorta

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Sandy Spring (County) Monty (State) Md

21d. TIME OF INJURY (Month) 9-11 (Day) 55 (Year) (Hour) 1:00 A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot in Th 22 cal rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Frank J. Broostraat M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-13-55

NAME OF CEMETERY OR CREMATORY Ash Memorial

LOCATION (City, town, or county) Sandy Spring, Md (State)

DATE REC'D BY LOCAL REG. 9-13-55

REGISTRAR'S SIGNATURE Gertrude H Lawler

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville Md

VS. A15A - 5 - 53

8829

08810

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington — LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4003 Hampden St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Montgo
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
   STREET ADDRESS (If rural, give location): 4003 Hampden St

3. NAME OF DECEASED: (First) Clarence (Middle) E (Last) Carter (Type or Print)

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 7, 1885

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Griffith & Perry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Carter

14. MOTHER'S MAIDEN NAME: Amelia Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-01-0776

17. INFORMANT & ADDRESS: Marion Carter - same as item 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153X IMMEDIATE CAUSE	(A) Carcinoma Colon	7
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	
	(C) Diverticulosis	4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypotension	15 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of colon Abdominal

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 11, 1933 to Sept 19, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Wesley Sewell M. D. ADDRESS Silver Spring DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept 22 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Mt. Zion, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-26-55 — REGISTRAR'S SIGNATURE: Frances Cotter — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08811

CERTIFICATE OF DEATH

Reg. Dist. No. 216

8830

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE S. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pickens
STREET ADDRESS (If rural give location) Box 673, Pickens, South Carolina

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Dwayne (Last) Chappell

4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 26, 1952
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Loyd Chappell
14. MOTHER'S MAIDEN NAME: Romain Durham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7540
IMMEDIATE CAUSE (A) Pulmonary Congestion & Atelectasis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Surgical Closure of interventricular septal defect & pulmonary valvulotomy DUE TO
(C) Tetralogy of Fallot.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 9/15/55 3
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 29, 1955, to Sept. 16 1955, that I last saw the deceased alive on Sept. 16, 1955, and that death occurred at 1:00 A. M., from the causes and on the date stated above.

SIGNATURE E. H. Sharp, M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 9/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-Burial
DATE THEREOF 9-16-55
NAME OF CEMETERY OR CREMATORY Easley,
LOCATION (City, town, or county) (State) Pickens, So. Carolina

DATE REC'D BY LOCAL REGISTRAR 9/20/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dunphey
ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8831

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08826

Item 6, See; Birth Cert.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 26
STREET ADDRESS (If rural give location) 346 Howard Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Catherine (Last) Circle

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Sept 7, 1955.

9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 3 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): U S A

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sherwin Lowell Circle

14. MOTHER'S MAIDEN NAME: Barbara Jean Levesque

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mother - Same.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767 IMMEDIATE CAUSE (A) DUE TO Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1955, to Sept 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 12 15 A M, from the causes and on the date stated above.

SIGNATURE Paul V Cantos M. D. ADDRESS Bethesda DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-12-55 | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REGISTRAR 9/8/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Pumphrey | ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20952132250

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8832

08813

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. Chevy Chase
STREET ADDRESS (If rural give location) 5700 Ridgefield Road 15X-1

3. NAME OF DECEASED: (Type or Print) (First) Pamela (Middle) Marshall (Last) COCHRANE

4. DATE OF DEATH: (Month) (Day) (Year) September 12 19 55

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-23-27
9. AGE last birthday 28 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Leslie B. MARSHALL
14. MOTHER'S MAIDEN NAME: Lavinia STRANGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband Joseph W. COCHRANE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 20IX
(A) DUE TO Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE, CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1955, to Sept 12, 1955, that I last saw the deceased alive on Sept 12, 1955, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

SIGNATURE G. I. PLITMAN
ADDRESS U.S. Naval Hospital
DATE SIGNED
G. I. PLITMAN LT MC USNR M.D. NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 9-13-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9-12-55
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home
ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

8833

08814
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural, give location) R # 3 1

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Paulston (Last) Collins

4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4/2/16	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): God Worker
10b. KIND OF BUSINESS OR INDUSTRY: LAND SCAPING
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK COLLINS
14. MOTHER'S MAIDEN NAME: BERTIE HARMON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-16-3066
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (825X)	(a) Cerebral Hemorrhage	8 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) laceration of brain	"
DUE TO		
	(c) fracture of skull	"

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY highway	21c. (City or town) Norwood (County) Monty (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-19-55-4:30 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Driving auto - Thrown from car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Borchardt M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-24-55	Good Shepherd	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-21-55	Gertrude B Fowler	F.C. Higinbothom, Ellicott City, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08815

CERTIFICATE OF DEATH

8834

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) ~~Bell~~ Lee (Last) Conlan

4. DATE OF DEATH: (Month) (Day) (Year) September 3 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/30/80

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Lee

14. MOTHER'S MAIDEN NAME: Lidia Batchellor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio Sclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/55, to 9/3/55, that I last saw the deceased alive on 9/3/55, and that death occurred at 8:53 a M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Sandy Spring DATE SIGNED 9/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 9-7-55 | NAME OF CEMETERY OR CREMATORY: Prospect Cemetery | LOCATION (City, town, or county) (State): Towson, Baltimore Co, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-4-55 | REGISTRAR'S SIGNATURE: Gertrude B Tawes

24. FUNERAL DIRECTOR: Harvey E Pumphrey ADDRESS: 8154 Georgia Ave. Silver Spring Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8335

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08816

CERTIFICATE OF DEATH

Reg. Dist. No. 2-13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery (or Germantown) MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rt 1 Rockville, md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) Route 1 Rockville, md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, md X
STREET ADDRESS (If rural give location) Rt #1 Rockville, md

3. NAME OF DECEASED: (Type or Print) (First) Grayson (Middle) (Last) Davis

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 19 1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N/C (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Lloyd Whelan Rockville md RFD #3

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral vascular accident — 15 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis + hypertension 5 years.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19 55, to Sept. 15, 19 55, that I last saw the deceased alive on Sept. 13, 19 55, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE Wm. A. Smallwood M. D. ADDRESS Rockville md. DATE SIGNED 9/15/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-17-55 | NAME OF CEMETERY OR CREMATORY Meadsville Cemetery | LOCATION (City, town, or county) (State) Meadsville, md

DATE REC'D BY LOCAL REGISTRAR 9/19/55 | REGISTRAR'S SIGNATURE Laurell H. Traylor

24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08817

8836

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) HELENA (Middle) KRUMBINE (Last) DAVIS

4. DATE OF DEATH: (Month) SEPT. (Day) 12, (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: MAY 11, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 4 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: HENRY KRUMBINE

14. MOTHER'S MAIDEN NAME: FIANNA ZELLERS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: EMORY M. DAVIS ROUTE #1 CLARKSBURG, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac Dilatation — 10 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease — 5 years ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953, to Sept 12, 1955, that I last saw the deceased alive on Sept 12, 1955, and that death occurred at 11:22 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McCandless Boyer M.D. ADDRESS Damascus, Md. DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 9-15-55 — NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL — LOCATION (City, town, or county) Arlington, (State) Va.

DATE REC'D BY LOCAL REGISTRAR 9-12-55 — REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR Robert A. Humphrey, ADDRESS Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8837

CERTIFICATE OF DEATH

Reg. Dist. No. 08818

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Lejeune 70 X-3
STREET ADDRESS (If rural give location) Married Officer's Quarters #3370 √

3. NAME OF DECEASED: (Type or Print) (First) Julie (Middle) Annn (Last) DEMERS

4. DATE OF DEATH (Month) (Day) (Year) September 18 1955

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 4-14-55
9. AGE last birthday yrs. 5
IF UNDER 1 YEAR Months 4 Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles O. DEMERS
14. MOTHER'S MAIDEN NAME: Kathleen WIERCISZEWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Father Charles O. DEMERS Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544 IMMEDIATE CAUSE (A) Generalized Pneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSE (S) (B) DUE TO Congenital Heart Disease Cor Biloculare — 15 Mo's

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Cyanotic,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1955 to Sept 18, 1955, that I last saw the deceased alive on Sept 18, 1955, and that death occurred at 5:20A M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews M.D. ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

W. S. MATTHEWS LCDR MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial transit
DATE THEREOF 9-22-55
NAME OF CEMETERY OR CREMATORY Notre Dame Cemetery
LOCATION (City, town, or county) (State) South Hadley Falls, Mass.

DATE REC'D BY LOCAL REGISTRAR 9-18-55
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

9V45990V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08819

8333

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2095151220

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Diggs

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9/19/55

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland Parrott

14. MOTHER'S MAIDEN NAME: Jessie Bertha Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Jessie Diggs - Silver Spring, Md R.F.D. #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Hemorrhage, Placenta Previa Partialis — INTERVAL BETWEEN ONSET AND DEATH: 6 min's

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO stillborn

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/19/55, to 9/19/55, that I last saw the deceased alive on 9/19/55, and that death occurred at 4:11 a.m., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Sandy Spring DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/20/55

NAME OF CEMETERY OR CREMATORY Emerald Park,

LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-19-55

REGISTRAR'S SIGNATURE Gertrude B Fawcett

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville Md

8839

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08820

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 37 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 4311 - 6 Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) Zola (Middle) Rachael (Last) Donoghue

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 4 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Wilson

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Jane Eastman 4311 6 Chestnut St Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X

(A) Hypertensive Arteriosclerotic Heart Disease

ANTECEDENT CAUSE (S)

DUE TO (B) Decompensation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C) Renal Decompensation

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1953, to Sept 18, 1955; that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE R. D. Boyd M. D. ADDRESS Bethesda, Md DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit DATE THEREOF 9-18-55 NAME OF CEMETERY OR CREMATORY Springfield Cemetery LOCATION (City, town, or county) Springfield, (State) Mass.

DATE REC'D BY LOCAL REGISTRAR 9/20/55 REGISTRAR'S SIGNATURE Beanie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8849

08821

CERTIFICATE OF DEATH

Reg. Dist. No. 211

Item 7, FilmG186 9-16-55 et

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery; STATE Md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	Q	DORSEY	Sept	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	Col	Married	Oct 6 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Graham Dorsey

14. MOTHER'S MAIDEN NAME: Martha Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rachel Annie Dorsey Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset and Death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov 5, 1952, to Sept 8, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Kerr	M.D.	Damascus, Md.	9/9/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 10 1955	Brooke Grove Mem	Montgomery	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9, 1955	Della N. Burdette	Ray W. Barker	Poolesville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08822

Item 7, Film G187 9-29-55 et

8787

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park,
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanatorium a Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16-15-2
STREET ADDRESS (If rural give location) 8910 Riggs Road.

3. NAME OF DECEASED: (Type or Print) (First) ~~Ducharme~~ Flore (Middle) (none) (Last) Ducharme

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Religious

8. DATE OF BIRTH: Dec. 19, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious

10B. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Providence, Rhode Island

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ducharme

14. MOTHER'S MAIDEN NAME: Delphine Bouchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mother Mary Aquinas 8910 Riggs Road, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Acute Coronary Thrombosis	4½ hours.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Card io vascular disease	3 years.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1955, to Sept. 21, 1955, that I last saw the deceased alive on Sept. 21, 1955, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
James L. Laubach M.D.	1806 Fox St. Hyattsville	9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/26/55	Mt. Olivet Cem.	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 21-1955	J. Milton Dodd	Francis J. Collins	3711-14 St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08823

STATE DEPARTMETT OF HEALTH

MARYLAND

8841

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
MARYLAND
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md.
COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Gaithersburg Md

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Lawrence (Last) Dyson

4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1955

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH May 2 1875

9. AGE last birthday 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas W. Dyson

14. MOTHER'S MAIDEN NAME Evelyn Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Christine Ridgely same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Senility — Interval between onset and death: 9

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral accident — 1 5yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 27, 1955, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C. Miller M.D. 7-Brookes Gaithersburg Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10-1-55

NAME OF CEMETERY OR CREMATORY Pleasant View

LOCATION (City, town, or county) (State) Olney Orchard Inc

DATE REC'D BY LOCAL REG. 10-3-55

REGISTRAR'S SIGNATURE Laurel H. Grayling Dep. Reg.

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08824

8342

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING 56
STREET ADDRESS (If rural give location) 1209 HIGHLAND DR.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Ebberts

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: MAY 29, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't Employee

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Ebberts

14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Miss Mae Smith 1209 Highland Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 22hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 5 yrs

DUE TO (C) Generalized Arteriosclerosis — 10yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Emphysema.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1955, to Sept 17, 1955 that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 7:15 PM, from the causes and on the date stated above.

SIGNATURE George Sharpe M.D. ADDRESS Kensington, M.D. 10644 Connecticut Ave Md. DATE SIGNED Sept 17, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION — DATE THEREOF 9/19/55 — NAME OF CEMETERY OR CREMATORY LEE'S CREMATORIUM — LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REGISTRAR 9-20-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J.W. Inc. Sons Co. ADDRESS 300 4th St NE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

08825

8343

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 3. Film G187 9-28-55 et

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5521 Colo. Rd. NW

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) FILBERT (Last) EICKER (Eiker)

4. DATE OF DEATH: (Month) (Day) (Year) 9-16-1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-17-1865

9. AGE last birthday: 89 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ISAAC S. FILBERT

14. MOTHER'S MAIDEN NAME: MARY A. HEFFT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: KATHRYN HARMAN WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Uraemia — 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — 5 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 19 55, to Sept. 16 19 55, that I last saw the deceased alive on Sept. 16, 19 55, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE: Sidney B. Bowman (Degree or title) ADDRESS 3921 Sturgeon Ave. DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-16-1955 — NAME OF CEMETERY OR CREMATORY Lorraine Cemetery — LOCATION (City, town, or county) (State) Md. Balto., Md.

DATE REC'D BY LOCAL REG. 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Joseph Sawkins Sons, 1756 Pa. Ave. NW DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08826

8788

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7100 Sycamore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 15-17-1
STREET ADDRESS (If rural give location) 611 Ethan Allen Ave

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Georgia (Last) ELLIOTT

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: March 29. 1861
9. AGE last birthday 94 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U. Sa.

13. FATHER'S NAME: Hugh Hunter Aldridge
14. MOTHER'S MAIDEN NAME: Mary Jane Harlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. N.M. Miner, 611 Ethan Allen Ave. T.P. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4477 IMMEDIATE CAUSE	(A) Acute Cor Fibrillation with Failure.	24 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Gen Arteriosclerosis & Hypertension	10 yrs.
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952 to Sept. 11, 1955, that I last saw the deceased alive on Sept. 11 1955, and that death occurred at 11:10 A.M, from the causes and on the date stated above.

SIGNATURE Howard I. Lowrie M.D. M. D. ADDRESS 7056 Carroll Ave. Takoma Park, Md. D.C. DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF Sept 13. 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 2nd-11-1955
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Archer Walters
ADDRESS 254 Carroll St. N.W. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8844

Item 9, FilmG166 9-21-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08827

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4511 Amherst Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4511 Amherst Lane

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) TERRY (Last) EVANS

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1905

9. AGE Last birthday: 52 49 yrs. IF UNDER 1 YEAR Months 10 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Sheraton Park Hotel

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Evans

14. MOTHER'S MAIDEN NAME: Virginia Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) WW II (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hazel V. Evans-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial infarct — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Vincent M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/9/1955

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 9/8/55

REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert A Pumphrey

ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

ah

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08828

8789

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp 7600 Carroll ave. Takoma Park, 12, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 319 Boyd ave. Takoma Park, 12, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Mr FRANCIS (Middle) MAXWELL (Last) FOWLER.
4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 10-12-89
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor.
10B. KIND OF BUSINESS OR INDUSTRY: Wash. Sanit. Comission
11. BIRTHPLACE (State or foreign country): Maryland -
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Fowler.
14. MOTHER'S MAIDEN NAME: Annie Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-14-6879
17. INFORMANT & ADDRESS: Mrs Lillian P. Fowler. address (Name)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 Days.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Heart Disease — 8-10 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 27 Sept, 1955; that I last saw the deceased alive on 27 Sept, 1955; and that death occurred at 9 30 P M, from the causes and on the date stated above.

SIGNATURE G O Bullen M.D. ADDRESS M. D. 7112 Willow Ave Takoma Park DATE SIGNED 27 Sept. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/30/55
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Sept-28-1955
REGISTRAR'S SIGNATURE J Wilson Dodd -
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Ga. Ave., Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08829

8845

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
STREET ADDRESS (If rural give location) 10700 Keswick Street

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Elizabeth (Last) Franz

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1913

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months 7 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Weiskapk

14. MOTHER'S MAIDEN NAME: Ernestine Berg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

IMMEDIATE CAUSE (A) Malnutrition, Gastrointestinal Hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malignant Melanoma Disseminated DUE TO

(C) —

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23 1955, to Sept. 23, 1955, that I last saw the deceased alive on Sept. 23, 1955, and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE Richard A. Ingf M.D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 9/23/55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-24-55

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9/26/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda. Md.

8845

08830
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg - R-1

LENGTH OF STAY (in this place) 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS Chas Harris Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE md COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg md

STREET ADDRESS (If rural, give location) R-1

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) C (Last) Frazier

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Brothers

14. MOTHER'S MAIDEN NAME: Lucy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sylvester Frazier - Gaithersburg md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Grant J Bosserhart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-11-55

NAME OF CEMETERY OR CREMATORY Brooke Grove

LOCATION (City, town, or county) (State) Laytonsville, Md

DATE REC'D BY LOCAL REG. Sept. 9, 1955

REGISTRAR'S SIGNATURE Wander L Clarke

24. FUNERAL DIRECTOR Robert L. Snowden - Rockville md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

8847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08831

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 56 Silver Spring

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 1312 Dale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring 56

STREET ADDRESS (If rural give location): 1312 Dale Drive

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Estelle (Last) Gaylor

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 3, 1899	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caterer	Own business	Washington, D. C.	U.S.A.

13. FATHER'S NAME: George Thomas Mace

14. MOTHER'S MAIDEN NAME: Virginia Elizabeth Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		577-03-9368	Mr. Kermit L. Gaylor, 1312 Dale Drive Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	260X Coronary thrombosis	sudden
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Coronary sclerosis	5 yrs
(C)	diabetes mellitus	5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. severe chronic arthritis — 5 yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1955, to 9/12, 1955, that I last saw the deceased alive on 9/9, 1955, and that death occurred at 2:15 A M, from the causes and on the date stated above.

SIGNATURE: Daniel B. Washington M. D. — ADDRESS: 6234 Zalwell Wash DC. — DATE SIGNED: 9/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	9/14/55	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-15-55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

08832

8845

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47K-3
STREET ADDRESS (If rural give location) 5411 Nevada Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Horace (Last) Greeley

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan. 19, 1878 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Store
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Van Wert, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Greeley
14. MOTHER'S MAIDEN NAME: Laura Mehsheimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Minnie Greeley Wife (Above)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary Arteriosclerosis — 5 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 52, to Sept 5, 1955, that I last saw the deceased alive on Sept 4, 1955, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Robert D. Harrell M.D. ADDRESS 5516 Nebraska Ave N.W. DATE SIGNED 9-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/8/55 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REGISTRAR 9/6/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR The J.F. Hines Co. | ADDRESS 2901-14 St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8849

08833

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12021 Valleywood Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont'g
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12021 Valleywood Dr

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) Frederic (Last) Grier

4. DATE OF DEATH (Month) (Day) (Year) 9 - 26 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	12-18-36	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry Grier

14. MOTHER'S MAIDEN NAME: Mary McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Harry Grubb Grier, 12,021 Valley Wood Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cerebral palsy	life
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccoli M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/29/55	St. Johns Cemetery	Montgomery County, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-29-55	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

8359 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08834

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 14 hr 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47X-3
STREET ADDRESS (If rural give location) Apt. 201, 3313 14th Place ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Griffin

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-11-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------

10B. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert GRIFFIN

14. MOTHER'S MAIDEN NAME: Shirley Loraine ELLIOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Robert GRIFFIN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1955, to Sept 11, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE H. A. Pearson — ADDRESS — DATE SIGNED

H. A. PEARSON LTJG MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 13 Sep 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 12 Sept 1955 — REGISTRAR'S SIGNATURE: Mary E. Passelly

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

20952223/2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08835

8790

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 207 Hudson Ave. Takoma Pk

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47X-3
STREET ADDRESS (If rural give location) 4514 Brandywine St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) HENRY (Last) GUSTINE

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Aug. 27-1857
9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months 0 Days 18 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry
14. MOTHER'S MAIDEN NAME: Sarah McDough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Marion H.G. Argyll, 4514 Brandywine St. N.W. Wash DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE	(A) Terminal Cachexia, Senile	6 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Generalized Arteriosclerosis DUE TO	unknown
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1955, to Sept 15, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 6 3/4 A.M., from the causes and on the date stated above.

SIGNATURE Henry E. Andrei M. D. ADDRESS 7600 Carroll Ave. Takoma Park, Md. DATE SIGNED Sept. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Transit
DATE THEREOF: 9/15/55
NAME OF CEMETERY OR CREMATORY: Metartre Cemetery
LOCATION (City, town, or county) (State): Orleans Co. La.

DATE REC'D BY LOCAL REGISTRAR: Sept. 12-1955
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Robert A. Dunphrey
ADDRESS: Bethesda, Md

8851

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08836

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20953244-17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Seven Locks Rd 26 1

3. NAME OF DECEASED: (Type or Print) (First) Tyrone (Middle) Layton (Last) Hall

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 15 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Dove

14. MOTHER'S MAIDEN NAME: Susie Bell Hall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother - same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 756.2 (A) Massive intra abdominal haemorrhage — few minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Rupture Congenital Anomalous vessels, liver — 2 Days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1955, to Sept 16, 1955, that I last saw the deceased alive on Sept 16, 1955, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE C. Franklin Ward M.D. ADDRESS Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/23/55

NAME OF CEMETERY OR CREMATORY Lincoln Park,

LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 9/25/55

REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert L. Snowden Rockville, Md

8852

08837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11712 Lytle St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) 11712 Lytle St. ✓

3. NAME OF DECEASED (Type or Print): (First) ULA (Middle) GLADYS (Last) HAYDON

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 9-4-1888 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kigdon L. Dunn
14. MOTHER'S MAIDEN NAME: Clemiah Threlkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Robert E. Haydon Jr. 11712 Lytle St. S.S.M.H.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction — 2 days

(c) Previous Coronary Occlusion — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1953 to Sept 20, 1955, that I last saw the deceased alive on Sept 20, 1955, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Curry M.D. 11301 Georgia Ave S.S. Md 9/20/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-23-55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) (State) Prince Georges, Co. Md.

DATE REC'D BY LOCAL REG. 9-20-55 | REGISTRAR'S SIGNATURE Frances Cotter | 24. FUNERAL DIRECTOR ADDRESS The R. H. Hines Co. 2901 - 14th St. N.W. Washington - D.C.

8791

08838

Reg. Dist.

Item 18 FILM 100 9-22-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park

LENGTH OF STAY (in this place): 14 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8317 Eastridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Takoma Park

STREET ADDRESS (If rural, give location): 8317 Eastridge Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Jeanne	Heitman	9	10	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married	3-17-16	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
nurse		Cal.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward DeNike	Eliz S. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Claud A. Heitman - Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Undetermined — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Found dead in bed — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Autopsy and lab. findings all negative.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J Broshart, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1955	George Washington Cemetery	Prince George County, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 10-1955	[illegible]	Arthur Talbert	254 Carroll St. N.W. Takoma Park 12-D.C.

VS. A15A - 5 - 53

8853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08839

CERTIFICATE OF DEATH

Reg. Dist. No. 218

Monty. Co.

1. PLACE OF DEATH: COUNTY Clarksburg MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monty. Co.
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) Henderson

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Nov. 1 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert M. Lowell | 14. MOTHER'S MAIDEN NAME: Mary E. Wheaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S ADDRESS: Mrs. Leo Clagett, Clarksburg, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Congestive Heart Failure	4 mos.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Heart disease	10 years or more
DUE TO	(C) generalized arteriosclerosis	20 years
	Diabetes, moderately severe	30 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Old fracture both femurs; Duodenal gastric	

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to Septem, 1955, that I last saw the deceased alive on Septem 14, 1955, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Geni. J. Meehan M.D. | ADDRESS M. D. Damascus, Md | DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 17 1955 | NAME OF CEMETERY OR CREMATORY St Mary Catholic Cemet | LOCATION (City, town, or county) (State) Barnesville Md.

DATE REC'D BY LOCAL REGISTRAR Sept 16-55 | REGISTRAR'S SIGNATURE Alma L. Cooke | 24. FUNERAL DIRECTOR L. A. Umphrey | ADDRESS 300 W. Patrick St. Fr. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8854 08840

Item 13: Film G187
1 0/5/56 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3910 Knowles Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location) 3910 Knowles Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) EDITH B. HENDRICKS

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 2-23-1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months 6 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert A. ~~Richard~~ Birchett

14. MOTHER'S MAIDEN NAME: Mary E. Trowbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs A. Scott Offutt 5604 Ontario Circle Wash.16,D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Melanoma, Left foot, with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral hemorrhage — Feb. 23/55

19A. DATE OF OPERATION: May, 1952 (0)

19B. MAJOR FINDINGS OF OPERATION Melanoma & glands removed.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 19~~40~~, to Sept. 14 1955, that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE Wm R. Smithson M. D. ADDRESS Rockville, Md. DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-16-55 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert R. Pumphrey — ADDRESS Bethesda, Md.

8855

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08841

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dickerson
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) ELIZA (Middle) VIRGINIA (Last) HICKS

4. DATE OF DEATH (Month) September (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 7, 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): TazewellCounty, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Walker

14. MOTHER'S MAIDEN NAME: Sallie Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Lawrence Jones, Dickerson, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

198X

IMMEDIATE CAUSE (A) Malignant Tumor of Sigmoid under, Rt. side DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis — 10 years.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to 13 Sept, 1955, that I last saw the deceased alive on 11 Sept, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE Gordon McSmith M. D. ADDRESS Barnesville, Maryland DATE SIGNED 9/14/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 16, 1955 — NAME OF CEMETERY OR CREMATORY Monocacy Cemetery — LOCATION (City, town, or county) (State) Beallsville, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Sept. 1955 — REGISTRAR'S SIGNATURE Charles W. Elgin per DH

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8855 Items 8,11 FilmG187 9-30-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08842

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 National Institute of Health.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 313 Elm Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) WAYNE (Last) HINES

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 11 September 1929

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): W Va Virginia Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Russell Hines

14. MOTHER'S MAIDEN NAME: Hazel Felter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N/D (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

401.3
IMMEDIATE CAUSE (A) Multiple pulmonary emboli

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Rheumatic heart disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute rheumatic fever

19A. DATE OF OPERATION: 1

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE Henry H. Wagner Jr. M. D. ADDRESS Natl Inst Health DATE SIGNED Sept 25 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — **DATE THEREOF** Sept 27. 1955 — **NAME OF CEMETERY OR CREMATORY** George Washington Cemetery — **LOCATION (City, town, or county) (State)** Prince Geo Co. Maryland

DATE REC'D BY LOCAL REGISTRAR 9/26/55 — **REGISTRAR'S SIGNATURE** Bessie M. Thompson

24. FUNERAL DIRECTOR J. Arthur Walters — **ADDRESS** 254 Carroll St NW. DC

PHS-995 OCT 6 1955

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

Form Approved
Budget Bureau No. 68-R442

September 29,1955

Dr. Henry N. Wagner, Jr.
c/o National Institute of Health
Bethesda, Maryland

Dear Dr. Wagner:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to supply in the space below the following information now missing from the death certificate of

Name Paul Wayne Hines

Who died at Bethesda, Mont. Co., Md. , on September 25,1955

Birthdate of the deceased is given as 9-11-25, but the age is gi ven ax 26 years.

Please tell us which is correct, birthdate 9 (Month) 11 (Day) 25 (Year) or

age ~~X~~ (Years).

Signature of Informant Henry N. Wagner, Jr.

The information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed envelope which requires no postage.

Very truly yours,

C. W. Hedrick

Special Agent, U. S. Public Health Service
State Department of Health
2411 North Charles Street
Baltimore 18, Maryland

Leave this out
No development
when Bill is found.
10/5/55

HEW-LEX., KY.

8857 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08843

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Alexandria
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria, Virginia 83X-3
STREET ADDRESS (If rural give location) Namassin Road #12

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Caroline (Last) Hinman

4. DATE OF DEATH: (Month) Sept. (Day) 12, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 27, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 10 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carroll Hinman

14. MOTHER'S MAIDEN NAME: Jean Surratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The Medical Record, Clinical Center.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2040

IMMEDIATE CAUSE (A) Massive subdural Hematoma

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Thrombocytopenia DUE TO

(C) Lymphatic Leukemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ---?

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 7, 1955, to Sept. 12, 19..., that I last saw the deceased alive on Sept. 12, 1955, and that death occurred at 12:20 PM, from the causes and on the date stated above.

SIGNATURE Robert S. Mendelsohn M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Sept. 14-55 NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 9/13/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Deming & Son ADDRESS Alex. Va.

8858

08844

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 6 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3213 Verona Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 3213 Verona Dr

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Peter (Last) Hoebreckx

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widower	12-25-1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired engineer		Wis	USA

13. FATHER'S NAME: Charles Hoebreckx

14. MOTHER'S MAIDEN NAME: unknown? Tome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Catherine Gleason (daughter) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart — M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans & Burial	9/8/55	Eloise Catholic Cemetery	Green Bay, Brown Co., Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-8-55	Frances Tolter	Warner & Lumphrey	8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

; 8859

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08845

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8820 Ridge Road

3. NAME OF DECEASED: (First) Calvin (Middle) M. (Last) Hoke

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Married | 8. DATE OF BIRTH: Feb. 28, 1903 | 9. AGE last birthday 52 yrs. | IF UNDER 1 YEAR: Months 6 Days 6 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter, Artist | 10B. KIND OF BUSINESS OR INDUSTRY: Self Employed | 11. BIRTHPLACE (State or foreign country): West Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Hoke

14. MOTHER'S MAIDEN NAME: Jane Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ??
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Bertrude M. Hoke 8820 Ridge Road, Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Encephalomalacia, hind brain & Stem — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Thrombosis, basilar Artery — 6 days

DUE TO (C) Atherosclerosis, cerebral advanced — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastric hemorrhage, Cushing ulcer — 2 Days

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Aug., 1955, to 4 Sept., 1955, that I last saw the deceased alive on 4 Sept., 1955, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE E Hoke M. D. ADDRESS Suburban Hosp. Bethesda Md DATE SIGNED 5 Sept '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/7/1955	Rosedale	Berkeley Co. West. Va.

DATE REC'D BY LOCAL REGISTRAR 9/6/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Kogelschatz-Coffman ADDRESS Martinsburg, W. Va.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08846

8792

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 6611 Poplar Ave.

3. NAME OF DECEASED: (First) Charles (Middle) Edgar (Last) Holtzclaw

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-29-45
9. AGE last birthday: 9 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Holtzclaw
14. MOTHER'S MAIDEN NAME: Mable Dodd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Acute Lymphocytic Leukemia — 1 mo.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1955, to 9/19, 1955, that I last saw the deceased alive on 9/18, 1955, and that death occurred at 10:37 AM, from the causes and on the date stated above.

SIGNATURE Wallace M. Brooks
ADDRESS M.D. 7701 Carroll Ave. Takoma Pk. Md
DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 22. 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept-19-1955
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Gallers
ADDRESS 254 Carroll St NW-DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08847

8793

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C. 47X-3
STREET ADDRESS (If rural give location) 2013 New Hampshire Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Glesson (Last) Hooper

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-17-1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steno

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles G. Hooper

14. MOTHER'S MAIDEN NAME: Lydia Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 903.6 (A) Pulmonary Embolism

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Artery Occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 hr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Abscess of spine, with paraplegia — 10 wks

19A. DATE OF OPERATION: Sept 1, 1955

19B. MAJOR FINDINGS OF OPERATION Extradural Abscess at thoracic 8 & 9 vertebral level

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Pentagon Building

21C. WHERE DID INJURY OCCUR? (City or town) Pentagon 88 (County) Arlington (State) Virginia

21D. TIME OF INJURY (Month) July (Day) 14 (Year) 1955 (Hour) M.

21E. INJURY OCCURRED While at work ☑ Not while at work ☐

21F. HOW DID INJURY OCCUR? Fell on waxed floor injuring back

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 28, 1955, and that death occurred at 12 25 PM, from the causes and on the date stated above.

SIGNATURE James M. Whitlock ADDRESS M.D. 7600 Carroll Ave, Takoma Park, md DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 1955	Maysville Cem	Maysville Ky.

DATE REC'D BY LOCAL REGISTRAR Sept. 28 1955 — REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR The D.A. Hines Co — ADDRESS 2901-14th St. N.W. Washington D.C.

Dr F. J. Brochard,
Deputy Medical Examiner
released jurisdiction to me
by telephone, 28 Sept '55 7PM

H W Edwards, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08848

8860

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7821 Stratford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 7821 Stratford Road

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) Forrest (Last) HORTON

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 16, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 7 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Civil Engr.

11. BIRTHPLACE (State or foreign country): Pawtucket, Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel H. Horton

14. MOTHER'S MAIDEN NAME: Anna Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Mabel Nelson-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2½ years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility neurosis — 2 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944, to Sept 8, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Dr Joseph Kennick M.D. ADDRESS 6450 Wisconsin Ave, Bethesda Md. DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/12/55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR: 9/8/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08849

8794

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 2801 Quebec St, N.W.

3. NAME OF DECEASED: (First) Michael (Middle) (none) (Last) Joel
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Wh	Separated	6-25-00	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Designer	Retired	New York	USA

13. FATHER'S NAME: David Joel
14. MOTHER'S MAIDEN NAME: Fannie Polsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Lambert Joel, 2801 Quebec St, Wash. D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 193X	(A) Glioblastoma Multiforme	6 mo
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-2-55	Large Glioblastoma	YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1955, to Sept 2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 9:10 P M, from the causes and on the date stated above.

SIGNATURE James M. Whitlock M.D. ADDRESS Takoma Park, Maryland DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	9-5-55	Geo. Wash. Memorial Park	Gaithersburg Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3 1955	Litchon Dodd	Goldberg Funeral Home	Wash DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08850

8861

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2195263312

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3hrs 43min
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill 16X-2
STREET ADDRESS (If rural give location) 4905 Freeport Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Gene (Last) JOHNSON

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-7-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. JOHNSON
14. MOTHER'S MAIDEN NAME: Betty Gene MATEER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 4905 Freeport Ave., George W. Johnson Oxon Hill, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Pulmonary hyaline membrane disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7-, 1955, to 9-7-, 1955 that I last saw the deceased alive on 7 Sept, 1955, and that death occurred at 9:10 P M, from the causes and on the date stated above.

SIGNATURE R.L.S. Baird, LTJG (MC) USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-12-55 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9-8-55 — REGISTRAR'S SIGNATURE Mary C. Connelly

24. FUNERAL DIRECTOR R.A. Pumphrey — ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

8362

Items 18-22 Film G185 9-26-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08851 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Simmons Dr. 26 1

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Wiswell (Last) Johnson

4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 8, 1903

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Patent Exam.

11. BIRTHPLACE (State or foreign country): Dist. of Col.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Elmer Johnson

14. MOTHER'S MAIDEN NAME: Fanny Platt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roy Platt Johnson - Brother

18. MEDICAL CERTIFICATION Tracy's Landing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

921.9

Immediate cause (a) Respiratory failure due to

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) the inhalation of vomitus (accidental)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) 15 (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 1

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Brastrup M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-23-55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) Pri. Geo. Co. Md. (State)

DATE REC'D BY LOCAL REG. 9-20-55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS S. H. Hines Co. 2901 14th St. N.W. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

8853

08852
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 55 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location) 56 / 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Johnson

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 14th 79
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ben Johnson
14. MOTHER'S MAIDEN NAME: Martha Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Cora Johnson (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c) Hypertension	7 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brizendine M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 23 1955
NAME OF CEMETERY OR CREMATORY Ash Memorial Cemetery
LOCATION (City, town, or county) (State) Sandy Spring, Md.

DATE REC'D BY LOCAL REG. 9-23-55
REGISTRAR'S SIGNATURE Gertrude B Fawden
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

8864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08853

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 25 Chestnut Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanley	Eugene	Johnson	9	14	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	9/12/55	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Douglas Earby Johnson
14. MOTHER'S MAIDEN NAME: Shirley Ann Bart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (birth weight 1'11". gestation 32 weeks) — 30 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12-, 1955, to 9-14, 1955, that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: Sept. 14, 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 16 1955	Monocacy Mem Cemetery	Frederick Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-14-55	Gertrude B Lawler	Roy W Barber	Laytonsville, Md

2095171240

8865

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08854

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7428 Wisconsin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 7428 Wisconsin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Coleman (Middle) E. (Last) Jones

4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: June 2, 1890 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser | 10B. KIND OF BUSINESS OR INDUSTRY: Self Employed | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Jones | 14. MOTHER'S MAIDEN NAME: Eliza Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 579-10-4536 | 17. INFORMANT & ADDRESS: Patsie Jones — same as item 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalyzed arteriosclerosis — years
260X
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to 9/24, 1955, that I last saw the deceased alive on 9/23, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Paul D Cantor M. D. | ADDRESS Bethesda Md | DATE SIGNED 9/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/1/55 | NAME OF CEMETERY OR CREMATORY Shalo Baptist | LOCATION (City, town, or county) (State) Brookneal, Va.

DATE REC'D BY LOCAL REGISTRAR 9/30/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville, Md.

8865

08855

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5134 Manning Drive

3. NAME OF DECEASED: (First) WILLIAM (Middle) G. (Last) JONES JR
4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Aug. 21, 1883	72 yrs.	0	16		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Administrative	Bldg. Materials	New York	U.S.A.

13. FATHER'S NAME: William George Jones
14. MOTHER'S MAIDEN NAME: Kate Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		577-10-6792	Helen D. Jones - 5134 Manning Drive Bethesda, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
560.4 IMMEDIATE CAUSE	(A) Acute Mesenteric Thrombosis due to	48 hrs
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Massive Gastric Hemorrhage due to	13 days
	(C) Erosions of Duodenum & Stomach	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1955, to Sept. 7, 1955 that I last saw the deceased alive on Sept. 7, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE Sidney Colourne M.D. ADDRESS 3921 Rugby Ave. Wash. 14 DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	9/10/1955	Cedar Hill	Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/8/55	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08856

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8867

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 72 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown 72X-3
STREET ADDRESS (If rural give location) 200 Cherry Street ✓

3. NAME OF DECEASED: (First) Terry (Middle) Michael (Last) JORDAN
4. DATE OF DEATH: (Month) (Day) (Year) September 5 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: August 16 1952
9. AGE last birthday 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Bobby Ray JORDAN
14. MOTHER'S MAIDEN NAME: Yvonne L. THOMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Father Bobby Ray JORDAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
193X IMMEDIATE CAUSE	(A) Bronchopneumonia	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cachexia	1 mo
	DUE TO (C) Disseminated neuroblastoma	3 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1955, to Sept. 5, 1955, that I last saw the deceased alive on September 5 1955, and that death occurred at 1230 P M, from the causes and on the date stated above.

SIGNATURE G J A Magnant — ADDRESS — DATE SIGNED

G. J. A. MAGNANT LTJG MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 5 September
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Russellville Ohio

DATE REC'D BY LOCAL REGISTRAR: 9-6-55
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY, Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

8868 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08857

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETHESDA
LENGTH OF STAY (in this place) 50 DA.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 CLINICAL CENTER NATIONAL INSTITUTES HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47X.3
STREET ADDRESS (If rural give location) 2017 31ST ST SE

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) FRANCES (Last) JOY

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 3 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: APRIL 8 1917
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: ELECTRIC POWER
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE WEST
14. MOTHER'S MAIDEN NAME: FREDA HETTENKANNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: FRED G. WEST 1611 18th St SE WASHINGTON D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1711X IMMEDIATE CAUSE (A) CARCINOMA OF CERVIX WITH LOCAL EXTENSION

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PYELONEPHRITIS BILATERAL SUBACUTE

19A. DATE OF OPERATION: 3 8/31/55
19B. MAJOR FINDINGS OF OPERATION: CERVICAL ESOPHAGOSTOMY
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1955 to Sept 3, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 10 35 A M, from the causes and on the date stated above.

SIGNATURE Horace Herbsman ADDRESS M.D. NIH Bethesda DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 6-55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/6/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Simmons Bros.
ADDRESS 1661 - Good Hope Rd S.E. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08858

CERTIFICATE OF DEATH

8795

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, 17
LENGTH OF STAY (in this place) 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp. 75

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville, X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Isabelle (Middle) Dolores (Last) Kearney

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 9-11-1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Penna | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Cauley | 14. MOTHER'S MAIDEN NAME: Rose Duggan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1744 IMMEDIATE CAUSE (A) Congestive Heartfailure - nephrosis — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Postoperative shock. — 3 days.

DUE TO (C) Carcinoma of uterus c metastases — 1 year plus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 Sept 1 1955 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus - Ana Hadden | 20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1955 to Sept 8, 1955, that I last saw the deceased alive on Sept 8th, 1955, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE Lyle D. Williams | ADDRESS M.D. 8700 Colesville Rd Silver Spring Md | DATE SIGNED Sept 8, 1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF Sept. 12 1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) York (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Sept 8-1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Roy W. Barber | ADDRESS Laytonsville Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8869 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08859

Item 9, FilmG186 9-19-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring — LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Maple Lane San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring F 56 1
STREET ADDRESS (If rural give location) 8300- Grove St.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) (Last) KEITH

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, (MARRIED), WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: Oct. 27, 1882 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months Aug. Days 3 | IF UNDER 24 HRS.: Hours 9 P.M. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Turner | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr. J. Owen Keith - 8300 Grove St. Silver Spring Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
IMMEDIATE CAUSE (A) HYPERTENSIVE HEART DISEASE
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED ARTERIOSCLEROSIS DUE TO
(C) ESSENTIAL HYPERTENSION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION: 0 NONE | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? Sept

22. I hereby certify that I attended the deceased from Aug. 12, 1955 to Aug 3, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Henry Lowder M. D. — ADDRESS 5206 NORWAY DR. CHEVY CHASE MD. — DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 9/7/55 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Wash DC (State)

DATE REC'D BY LOCAL REGISTRAR 9-6-55 | REGISTRAR'S SIGNATURE Frances Cotter | 24. FUNERAL DIRECTOR The D.A. Howes | ADDRESS 2801-14 Wis. N.W. Wash. D.C.

8870

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08860

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WOOD ACRES
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOOD ACRES
STREET ADDRESS (If rural give location) 5906 COBALT ROAD

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) (Last) KENDALL

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 18, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS M KENDALL

14. MOTHER'S MAIDEN NAME: BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: MRS EVA DAY 5906 COBALT

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE DUE TO

(C) CARDIO VASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 48, to 9/19, 1955, that I last saw the deceased alive on 9/19, 1955, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE Laurence A Rapp M. D. ADDRESS 1150 Conn Ave NW DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/21/55 NAME OF CEMETERY OR CREMATORY Mettoon Cem. LOCATION (City, town, or county) Mattoon, Ill (State)

DATE REC'D BY LOCAL REGISTRAR 9/20/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Chung Chew Funeral Home ADDRESS 5103 Nebraska Ave NW

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8871 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08861

CERTIFICATE OF DEATH

Item 2, Film G187 10-6-55 et

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Gaithersburg
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3401.4 Penhurst Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) May (Last) Herman
4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	Jan 25 1861	94 yrs.		5		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home - Keeping
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Jamestown, Carroll Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sham
14. MOTHER'S MAIDEN NAME: Susan Krise

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Records in Asbury Methodist Home, Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
570.1 Immediate cause (a) Cancer of bowel (small) DUE TO
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) senility DUE TO
(c)

Interval Between Onset And Death: (a) 13 days (b) years (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-, 1955, to Sept-30-, 1955, that I last saw the deceased alive on Sept-29-, 1955, and that death occurred at 12:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C Miller M.D.	7 Brookes Ave. Gaithersburg, Md	9-30-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-3-55	Loraine	Baltimore Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 30, 1955	Amelia L. Poole	Wm. J. Liebau & Sons,	Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8872

08862
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 222

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Boyds
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN R.F.D. Boyds.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) G. (Last) Lanman

4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 4-4-1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: D. Lanman

14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-2284

17. INFORMANT & ADDRESS: Annie E. Lanman (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Chas. J. Boschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-5-55
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) (State) Boyds Maryland

DATE REC'D BY LOCAL REG. 9-3-55
REGISTRAR'S SIGNATURE Charles W. Elgin per DHe
24. FUNERAL DIRECTOR ADDRESS Wm. B. Hilton, Barnesville, Md.

VS. A15A - 5 - 53

8873 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08865

Item 18 Film G186 9-16-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron 18 X - 2
STREET ADDRESS (If rural give location) ------

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) LELAND

4. DATE OF DEATH: (Month) September (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-3-92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Marines

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Perry LELAND

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WWII

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Official Naval Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of the Bladder — 7 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1955 to Sept 7, 1955, that I last saw the deceased alive on September 7, 1955, and that death occurred at 6:10A M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF M.D. J. R. DAVIS LCDR MC USNR — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-9-55 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9-7-55 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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2195295271

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08866

8797

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
17 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 hr
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md 1615X2
STREET ADDRESS (If rural give location) Carroll & Flower Aves. ✓

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Leonard

4. DATE OF DEATH (Month) 9 / (Day) 6 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/6/55
9. AGE last birthday: 2 hr — IF UNDER 1 YEAR: Months — Days 0 — IF UNDER 24 HRS.: Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mr. Michael Joseph Leonard
14. MOTHER'S MAIDEN NAME: Margaret Ellen Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE (A) ~~Prematurity~~ Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/6 9 a.m. 1955 to ——, 19 ..., that I last saw the deceased alive on 9/6, 1955, and that death occurred at 9 a. M, from the causes and on the date stated above.

SIGNATURE [illegible signature] M. D. ADDRESS 925 Pershing Drive, S.S., Md DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7 Sept. 55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/7/55
REGISTRAR'S SIGNATURE [illegible signature] 9/9/55
24. FUNERAL DIRECTOR B. Gasch's Sons
ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8796

CERTIFICATE OF DEATH

08863

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville
STREET ADDRESS (If rural give location) 1615-2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Leonard

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9-6-55
9. AGE last birthday yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours 8 Min. 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Joseph Leonard
14. MOTHER'S MAIDEN NAME: Margaret Ellen Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs ; 45 min.
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Prematurity — 8 hrs., 45 min.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-, 1955, to 9-7, 1955, that I last saw the deceased alive on 9-6, 1955, and that death occurred at 4A M, from the causes and on the date stated above.

SIGNATURE Mary K. L. Santucci
ADDRESS M. D. 6811 Riggs Rd, Hyattsville, Md.
DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 9, 55
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 9/9/55
REGISTRAR'S SIGNATURE J. Mckay Doll 9/9/55
24. FUNERAL DIRECTOR B. Jerelis Sons
ADDRESS Hyattsville, Md.

21952947

08864

MARYLAND STATE DEPARTMENT OF HEALTH

8798

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 16 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural, give location) 11313 Old Bladensburg

3. NAME OF DECEASED (Type or Print): (First) Jose (Middle) (Last) Lourenco
4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/21/07
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Engineering Co.
11. BIRTHPLACE (State or foreign country): Argentina
12. CITIZEN OF WHAT COUNTRY? Portugal
13. FATHER'S NAME: Jose Lourenco
14. MOTHER'S MAIDEN NAME: Ezekel do Carmo Faria
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9143
Immediate cause (a) Bronchopneumonia, massive — 1 day ~~today~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Burns of skin, extensive, 2nd & 3rd degree — 15 Days
(c) Electrocution injury — 15 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Wheaton — (COUNTY) Monty — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-55-11.15 A m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Contact with high tension wires

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank J Broschart M.D. Gaithersburg Md 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/20/55 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. Sept 19th 1955 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

8874 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08867

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10114 Kensington Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 10114 Kensington Parkway

3. NAME OF DECEASED: (First) Katherine (Middle) C (Last) Lewis
4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7-6-1871
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 2 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loudoun County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jonathan E. Lewis
14. MOTHER'S MAIDEN NAME: Henrietta Primm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Katherine B. Lewis-Sister-in-law, 10114 Kens. Pkway Kensington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Myocardial failure	2 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary sclerosis, severe	9 mos. plus
	(C) DUE TO Generalized senile arteriosclerosis, severe. Years?	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastro-intestinal atony, due to I-C supra, with resulting severe nutritional deficiency 2 years.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1955, to Sept. 9, 1955, that I last saw the deceased alive on Sept. 8, 1955, and that death occurred at 5:00 A.M., from the causes and on the date stated above. 9/9/55

SIGNATURE Thomas G. H. Hindman, Jr. M.D. ADDRESS Kensington, Md. DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-12-55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Georges, Md.

DATE REC'D BY LOCAL REGISTRAR 9/13/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dumphrey ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8875

08868

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elmo (Middle) Coles (Last) Maupin

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6, 1906

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist - Naval Ordnance Lab.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clay T. Maupin

14. MOTHER'S MAIDEN NAME: Henrietta Durham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 224-12-3607

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1955, to Sept. 21, 1955, that I last saw the deceased alive on Sept. 20, 1955, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher M.D. (Degree or title) ADDRESS: Gaithersburg, Md. DATE SIGNED: Sept. 4, 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9-23-55 | NAME OF CEMETERY OR CREMATORY: Clarksburg Cemetery | LOCATION (City, town, or county): Clarksburg (State): Md.

DATE REC'D BY LOCAL REG.: 9/24/55 | REGISTRAR'S SIGNATURE: 9-26-55 Gertrude B Lawson

24. FUNERAL DIRECTOR: Wm B. Hilton ADDRESS: Barnesville, Md.

8876

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08860 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1307 Cresthaven Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1307 Cresthaven Drive

3. NAME OF DECEASED: (First) John (Middle) Weir (Last) Maxwell
4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/27/57
9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bookbinder
10b. KIND OF BUSINESS OR INDUSTRY: (retired) U.S. Gov't.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Maxwell
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Elizabeth C. Taylor, 1307 Cresthaven Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/20/55
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Sept 20/55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08870

8877

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Rt. #2 c/o J. R. Harris

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Mc Intosh

4. DATE OF DEATH: (Month) (Day) (Year) 9/9/55 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/9/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Norman Mc Intosh
14. MOTHER'S MAIDEN NAME: Katherine Wanda Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X
IMMEDIATE CAUSE (A) Intra-Cranial hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 45 mins

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1955, to 9-9, 1955, that I last saw the deceased alive on 9-9, 1955, and that death occurred at 12:30 P M, from the causes and on the date stated above.

SIGNATURE Jack Schumacher M.D. M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Sept. 10, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF Sept 10 1955
NAME OF CEMETERY OR CREMATORY Laytonsville Md
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 9-9-55
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Roy W. Barber
ADDRESS Laytonsville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08871

8878

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETHESDA
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 CLINICAL CENTER NAT'L INST. OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SOUTH CAROLINA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLUMBIA 77x-3
STREET ADDRESS (If rural give location) 402 SPRING LAKE RD.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD A. (Middle) (Last) McNINCH

4. DATE OF DEATH: (Month) SEPT. (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 16 FEB. '23

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: AMZI McNINCH

14. MOTHER'S MAIDEN NAME: BESSIE M. KIDWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 5 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 250-22-2097

17. INFORMANT & ADDRESS: PATIENT, ON ADMISSION AND MEDICAL RECORD, CLINICAL CENTER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0 IMMEDIATE CAUSE (A) BRAIN HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 15 HRS.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ACUTE LYMPHOCYTIC LEUKEMIA — 6 WKS.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: SEPT. 17, 1955

19B. MAJOR FINDINGS OF OPERATION: INCREASED INTRACRANIAL PRESSURE

20. AUTOPSY? YES X NO

21A. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 13, 1955, to SEPT. 17, 1955, that I last saw the deceased alive on SEPT. 17, 1955, and that death occurred at 10:33 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Nathans ADDRESS CLINICAL CENTER M. D. NAT'L INST. OF HEALTH DATE SIGNED SEPT. 18, '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: - — NAME OF CEMETERY OR CREMATORY: Paschal - Regal — LOCATION (City, town, or county) (State): Columbia S.C. Richland

DATE REC'D BY LOCAL REGISTRAR 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS 3209 Rhode Island Ave. Valley Funeral Home Inc.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08872

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 47x3
STREET ADDRESS (If rural give location) 3615 Quesada St. N. W.

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) S. (Last) MERSCH

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 23, 1896
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Tax Court, U.S.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank J. Mersch
14. MOTHER'S MAIDEN NAME: Mary C. Wahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-44-1225
17. INFORMANT & ADDRESS: Catherine C. Mersch (wife) 3615 Quesada St. N.W, Wash. DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X
IMMEDIATE CAUSE (A) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) bronchial asthma — 30 yr.
DUE TO (C) allergy — life

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rt heart strain — 5 yr.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1955 to 9/15, 1955, that I last saw the deceased alive on 9/14, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE John V Dolan M. D. ADDRESS 3101 Conn Ave DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-19-55
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/20/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS 3821 14th. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8799

CERTIFICATE OF DEATH

08873

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Takoma Park — RURAL

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 509 Ethan Allen Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Mont.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. — 17

STREET ADDRESS (If rural give location): 509 - Ethan Allen Ave — 1

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) FRANK (Last) METLER

4. DATE OF DEATH: (Month) SEPT. 29, (Day) (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1887

9. AGE Last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Fidelity Storage Co

11. BIRTHPLACE (State or foreign country): CANTON, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Metler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) # No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mr. Arthur Holbrook, 509 - Ethan Allen Av

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 45 DAYS

331X

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 30, 1955, to SEPT. 29, 1955, that I last saw the deceased alive on SEPT. 29, 1955, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J C Bowman, M.D. 4021-18th St. N.E. Washington D.C. Sept. 29/1955

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 10/3/55

NAME OF CEMETERY OR CREMATORY: FORT LINCOLN CEM.

LOCATION (City, town, or county) (State): PRINCE GEO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: Sept. 29 1955

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: Martin W. Hysong Co.

ADDRESS: 1300 - N St. NW Wash. D.C.

8880

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08874

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND MD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETHESDA
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA X
STREET ADDRESS (If rural give location) 4807 HAMPDEN LANE 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) MOOR

4. DATE OF DEATH: (Month) SEP. (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	9/19/80	75 yrs.	0	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
THEATRE MANAGER	THEATRE	WASHINGTON, D.C.	U.S.A.

13. FATHER'S NAME: Albert Moor

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) 3 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-03-5414

17. INFORMANT & ADDRESS: ALICE V. McCORMICK 4833 CHEVY CHASE D. CHEVY CHASE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Acute Ant. Coronary Thrombosis	? days
ANTECEDENT CAUSE (S)	DUE TO (B) Hypertension, Left ventricular Septum	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic dilated Pyelonephritis due to Adenocarcinoma, Prostate — ? years

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1957, to 9/24, 1955, that I last saw the deceased alive on 9/24, 1955, and that death occurred at 7:10 P M, from the causes and on the date stated above.

SIGNATURE Charles J. Savarese Jr. M.D. ADDRESS 4861 BATTERY LANE BETHESDA DATE SIGNED 9/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-28-55	Rock Creek Cemetery	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/26/55	Bessie M. Thompson	Robert A. Dumphrey	Bethesda Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08875

CERTIFICATE OF DEATH

Reg. Dist. No. 215

8881

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walnut Grove 7 o x. 3
STREET ADDRESS (If rural give location) Route 1 ✓

3. NAME OF DECEASED: (First) James (Middle) Lawrence (Last) MOORE
4. DATE OF DEATH: (Month) September (Day) 24 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-26-18	36 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FBI	U.S.Government	New Jersey	US

13. FATHER'S NAME: James MOORE
14. MOTHER'S MAIDEN NAME: Edith IVINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes ✓	WW II	Unknown	Wife Mrs. Virginia C. MOORE Same as above

2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1 IMMEDIATE CAUSE (A) Hemorrhage into Liver — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO (B) Lymphosarcoma — 16 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Duodenal Ulcer — 2 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2	—	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jul, 19 55 to 24 Sep, 19 55, that I last saw the deceased alive on 24 Sep, 19 55, and that death occurred at 3:00A M, from the causes and on the date stated above.

SIGNATURE R.G. WILLIAMS LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-27-55	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-24-55	Mary E. Farrelly	R.A.PUMPHREY,	7557 Wisconsin Ave., Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8882

08876

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 4828 DeRay Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Florine (Last) Morningstar

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married
8. DATE OF BIRTH: April 15, 1876
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Loy
14. MOTHER'S MAIDEN NAME: Julia Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. James Moriffe 7520 High St. Friendship Heights, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 157X	(A) Respiratory failure	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pulmonary Metastasis	6 mo.
	DUE TO (C) Carcinoma (Pancreas)	unknown.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease & Auricular Fibrillation

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/21, 1955, that I last saw the deceased alive on 9/21, 1955., and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE Edward S. Witowski Jr. M.D. M.D. ADDRESS 8218 Wisconsin Ave. DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-24-55
NAME OF CEMETERY OR CREMATORY Monocacy Cem.
LOCATION (City, town, or county) (State) Beallsville Md

DATE REC'D BY LOCAL REGISTRAR 9/22/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dempsey
ADDRESS Bethesda Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08877

8883

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 1mo- 1wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9o Sharon Chronic Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 4003 Rosemary St

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Morris.

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: June 23 1863

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor of English — 10B. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Goochland County - Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Morris-

14. MOTHER'S MAIDEN NAME: Mary M. Morris-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: J. D. Morris - son 4003 Rosemary St. Chevy Chase Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial Infarction — 7 Days

DUE TO (C) Gen. art. Sclerosis + Senile Degeneration — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1955, to 9-4, 1955 that I last saw the deceased alive on 9-3, 1955, and that death occurred at 11:20 A M, from the causes and on the date stated above.

SIGNATURE John B. Ziegler M. D. ADDRESS Olney Md. DATE SIGNED 4 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 8 55 — NAME OF CEMETERY OR CREMATORY Crone Georgia Clark Co Inc — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 9-8-55 — REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Gaithersburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8884

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08878

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 mo 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Statesville 70X-3
STREET ADDRESS (If rural give location) 610 Cherry Street ✓

3. NAME OF DECEASED: (First) Charles (Middle) Glenn (Last) MORRISON

4. DATE OF DEATH (Month) September (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-30-98
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James MORRISON
14. MOTHER'S MAIDEN NAME: Beulla DOUGLAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WWII
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Helen MORRISON Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 IMMEDIATE CAUSE	(A) Uremia	2 wks
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Atherosclerosis, Widespread DUE TO	? yrs
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pneumonia, Rt. + Left Lower Lobes; old Multiple Cerebral Vascular Accidents	10 da. 11 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1955 to Sept. 5, 1955, that I last saw the deceased alive on September 5 1955, and that death occurred at 2:55P M, from the causes and on the date stated above.

SIGNATURE W. B. Ingram — ADDRESS W. B. INGRAM LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial transit	9-9-55	private Cemetery	Statesville, North Carolina

DATE REC'D BY LOCAL REGISTRAR 9-6-55
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home — ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

: 8885

08879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20952221393

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 335 C Street, S.E.

3. NAME OF DECEASED: (First) Theresa (Middle) Leigh (Last) NALLE

4. DATE OF DEATH: (Month) September (Day) 29 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-22-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ray NALLE

14. MOTHER'S MAIDEN NAME: Eula NEWTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Ray NALLE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sep, 19 55, to 29 Sep, 19 55, that I last saw the deceased alive on 22 Sep 19 55, and that death occurred at 7:25 PM, from the causes and on the date stated above.

SIGNATURE R. L. S. Baird, M.D. ADDRESS R. L. S. BAIRD LTJG, MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4 Oct 1955

NAME OF CEMETERY OR CREMATORY Savage Cemetery

LOCATION (City, town, or county) (State) Pattonsburg, Missouri

DATE REC'D BY LOCAL REGISTRAR 30 Sep 1955

REGISTRAR'S SIGNATURE Mary E. Ferrelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Betheseda, Md.

8886

08880 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12112 Dewey Rd

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Harris (Last) Nichols

4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	6-2-1901	54 yrs.	3	22		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Custodian	B.C.C. High School	Mont. Co. Maryland	U.S.

13. FATHER'S NAME: Thomas Clint Nichols

14. MOTHER'S MAIDEN NAME: Sally Mayhew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Wife - Marie Nichols. address above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Boorstadt M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-28-55	Forest Oak Cemetery	Montgomery Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-26-55	Bessie M. Thompson	Robert A. Cumpston	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8887

CERTIFICATE OF DEATH

08881

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County Gen'l, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville X
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Elgar (Last) Parsley

4. DATE OF DEATH: (Month) (Day) (Year) September 21 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: July 9-1889

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mailman

10B. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Parsley

14. MOTHER'S MAIDEN NAME: Annie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Sub arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-

DUE TO (C) Vascular Disease — 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept, 1955, to 21 Sept, 1955 that I last saw the deceased alive on 21 Sept, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE John Bailey Ziegler M. D. ADDRESS Olney Md DATE SIGNED 21 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 24 1955 — NAME OF CEMETERY OR CREMATORY Salem Brookeville Md — LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 9-23-55 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Laytonsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08882

CERTIFICATE OF DEATH

88-0

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 731 Quackenbos St. N.W D.C

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Lane (Last) Patton

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-14-885	70 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Liveryman		Virginia	U.S. America

13. FATHER'S NAME: Daniel Patton

14. MOTHER'S MAIDEN NAME: Eliza Fritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No.			Chart

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Cirrhosis of liver & Jaundice	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pustules, acute legs	2 wks
	DUE TO (C) Diabetes Mellitus	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Generalized Arteriosclerosis	

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Sept, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE Bernard L Fitzgerald M.D. ADDRESS 511 Jay Md. DATE SIGNED 9-28-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	30 Sept 1955	Cedar Hill Cemetery	Suitland Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 28-1955	J. Walton Dodd	Gerés Funeral Home	3605-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

8888

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08883

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Forest Glen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 LeDeau Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16152
STREET ADDRESS (If rural give location) Sacred Heart Home

3. NAME OF DECEASED: (First) Mary Loretta (Middle) (Last) Pauls

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Apr. 27, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 4 Days 10 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Quill

14. MOTHER'S MAIDEN NAME: Mary B. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Gustave C. Pauls- 6000-37th Ave. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalized Arteriosclerosis — 10 yrs
(C) DUE TO Arteriosclerotic heart disease — 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1955, to Sept 7, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at 2-10 P M, from the causes and on the date stated above.

SIGNATURE George Thompson M.D. ADDRESS 10644 Connecticut Ave Kensington Md DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-10-55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-9-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

8889

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08884

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 17: Film 6-186 9/21/55

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington X
STREET ADDRESS (If rural give location) 10400 Armory Ave. X 1

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) O. (Last) Peck

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: School for Deaf

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli M. Peck

14. MOTHER'S MAIDEN NAME: Ida M. Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ~~Mary~~ Sister Marion Peck Kensington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A) DUE TO Bronchopneumonia	3days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Carcinoma of pancreas	6 mos.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Infarction — 5days

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1955 to Sept 9, 1955 that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE Lenze Sharpe M.D. ADDRESS M.D. 10644 Conn. Ave Kensington, Md DATE SIGNED 9-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	9-12-55	Beechwood Cem.	Hulmeville Pa.

DATE REC'D BY LOCAL REGISTRAR 9/13/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Lowell A. Humphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08885

CERTIFICATE OF DEATH

8871 Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park RURAL LENGTH OF STAY (in this place) 12½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 5712 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (None) (Last) Perkins

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: 7-4-92
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Perkins
14. MOTHER'S MAIDEN NAME: Ida Freedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-05-4169
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis — 3 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1954, to Sept 4, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.
SIGNATURE Simon C. Weiner M. D. ADDRESS 100 Longfellow St. N.W. Wash. DC DATE SIGNED Sept 4 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9-6-1955 NAME OF CEMETERY OR CREMATORY Har Nebo LOCATION (City, town, or county) Phila. (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Sept 4 1955 REGISTRAR'S SIGNATURE J. Allison Dodd
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08886

8893

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8511 - Rose Wood Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 8511 - Rose Wood Dr

3. NAME OF DECEASED: (Type or Print) (First) Mrs (Middle) Annie Laura (Last) Perlie

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: May 12, 1900

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman

10B. KIND OF BUSINESS OR INDUSTRY: Lerners Clothing Store D.C.

11. BIRTHPLACE (State or foreign country): Tenn

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Madison Dunn

14. MOTHER'S MAIDEN NAME: Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ? ?

17. INFORMANT & ADDRESS: Annie L. Fridrich 8511 - Rose wood dr Bethesda, md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 23, '55

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1955 to Sept 12, 1955 that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 11:45 P M, from the causes and on the date stated above.

SIGNATURE Horace H Curtis M.D. ADDRESS 1852 Columbia Rd NW DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 16, 1955 | NAME OF CEMETERY OR CREMATORY Nath. Mem. Park | LOCATION (City, town, or county) Fall Church. Va. (State)

DATE REC'D BY LOCAL REGISTRAR 9/13/55 | REGISTRAR'S SIGNATURE Bernie M. Thompson

24. FUNERAL DIRECTOR S. H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

8891

08887

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Bethesda Rural
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3
STREET ADDRESS (If rural, give location) 4220 43rd Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Richard	PERRY	September 25 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-24-1899	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mariner	Mariner	Texas	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elijah R. PERRY	Pearl KNAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWII &Korean	Unknown	Obtained from Official Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion DUE TO — Interval between onset and death: ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Boschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	28 Sept 1955	Naval Academy Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
26 Sept 1955	Mary E. Farrelly	R. A. Pumphrey Funeral Home	7557 Wisconsin Avenue, Bethesda, Md.

VS. A15A - 5 - 53

8892

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08888

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus Md
LENGTH OF STAY (in this place) a few months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rfd Damascus Md R.F.D. 2
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) LEWIS (Middle) EDWARD (Last) PHELPS

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 4 1925

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Gas Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Erwin Phelps

14. MOTHER'S MAIDEN NAME: Lula V Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War 2

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Lula V Walker

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
241X Immediate cause	(a) Acute pulmonary edema	1 day.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Bronchial pneumonia	2 days.
DUE TO	(c) Bronchial asthma	1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1955, to 9/17, 1955, that I last saw the deceased alive on 9/17, 1955, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus Md DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 21 1955 — NAME OF CEMETERY OR CREMATORY Mt Carmel Mg — LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept 19 1955 — REGISTRAR'S SIGNATURE Della N. Burdette — 24. FUNERAL DIRECTOR Ray W Bodkin — ADDRESS Laytonsville Md

0888?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

88?2

CERTIFICATE OF DEATH

Reg. Dist. No. 223-...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) 17 TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7327-PINEY BRANCH RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA. PARK. MD.
STREET ADDRESS (If rural give location) 7327-PINEY BRANCH RD.

3. NAME OF DECEASED: (Type or Print) (First) MAGGIE (Middle) VIRGINIA (Last) Pitt

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 12/15/72 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR Months 8 Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWife
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U-S.A.

13. FATHER'S NAME: HOMER S. MOHLER
14. MOTHER'S MAIDEN NAME: SUSAN FRANCES SAYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: HARRY G. Pitt 7327-PINEY BRANCH R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Myocardial infarction suspected — 6-8 hrs.
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 10 yrs.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Sept ..., 1955, that I last saw the deceased alive on Sept 12, 1955, and that death occurred at 17:10A M, from the causes and on the date stated above.
SIGNATURE Ralph R. Patten M.D. ADDRESS 8641-Colesville Rd. Silver Spring DATE SIGNED Sept 12 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/14/55 | NAME OF CEMETERY OR CREMATORY ROCK CREEK | LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REGISTRAR Sept 12-1955 | REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. | ADDRESS 2901-14th St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8893

08890

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton; MARYLAND; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton; STREET ADDRESS (If rural, give location) 3108 - Parker Ave.

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) BUFORD (Last) POOL

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-6-1871

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Green

14. MOTHER'S MAIDEN NAME: Elizabeth Trussell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Loyd K. Pool, 3108 - Parker Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 days

4-20-1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — 4 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1954 to Sept 22 1955, that I last saw the deceased alive on Sept 22, 1955, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John J. Curry M.D. | ADDRESS 11301 Georgia Ave S.S. Md | DATE SIGNED 9/22/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-26-55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Paris Missouri

DATE REC'D BY LOCAL REG. 9-26-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. 1400 Chapin St. N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08891

8894

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83x-3
STREET ADDRESS (If rural give location) 238 Arlington Village

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Julius (Last) POPE

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-4-97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward J. POPE

14. MOTHER'S MAIDEN NAME: Catherine BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mary A. POPE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) DUE TO Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 10 years

19A. DATE OF OPERATION: 9

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to Sept 8, 1955, that I last saw the deceased alive on September 8 55, 19..., and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF PERSON CERTIFYING: J. R. DAVIS LCDR MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: MCD

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-12-55 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 9-8-55 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS: GAWLERS Funeral Home 1756 Pennsylvania Ave., N.W. Washington, D.C.

08892

8895 Item 2, FilmG187 10-5-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20952134424

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE --- COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47 x 3
STREET ADDRESS (If rural give location) 1918 Calvert St., N. W.

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) PRICE
4. DATE OF DEATH: (Month) (Day) (Year) September 22 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-22-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ross PRICE
14. MOTHER'S MAIDEN NAME: Geraldine (nº) WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father Ross PRICE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

750X IMMEDIATE CAUSE (A) Anencephaly. — INTERVAL BETWEEN ONSET AND DEATH 1hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22-55, 19..., to 9-22-55, 19..., that I last saw the deceased alive on 9-22-55, 19..., and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE R L S Baird. ADDRESS DATE SIGNED

R. L. S. BAIRD LTJG, MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 25 Sept 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 26 Sept 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home
ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

8896 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08893

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3601 Underwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3601 Underwood St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) H. (Last) PRIEST, JR.

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 10-1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months 10 Days 5 IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10B. KIND OF BUSINESS OR INDUSTRY: Nat. Trade Assn.

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George H. Priest Sr.

14. MOTHER'S MAIDEN NAME: Marian L. Works

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mildred G. Priest wife-above address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Thrombosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ■

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1955 to ....., 19....., that I last saw the deceased alive on D.O.A., 19....., and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE Alfred Brigulio M. D. ADDRESS 2035 Eve N.W. DATE SIGNED Sept 16, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 9-19-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert A. Dunphey — ADDRESS Bethesda, Md.

Dr. Frank Broschart notified and approved.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08894

8803

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. 47x-9
STREET ADDRESS (If rural give location) 3713 Jocelyn St NW

3. NAME OF DECEASED: (First) Eleanor (Middle) ~~Elmer~~ M (Last) Quintee (Type or Print)

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept 13, 1881
9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Miller
14. MOTHER'S MAIDEN NAME: Mary Hatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Husband (Fred Quintee) same address.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) HYPERTENSION - (ESSENTIAL - MALIGNANT) 10 YEARS.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 19 48, to SEPT 16, 1955, that I last saw the deceased alive on 9-16, 19 55, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Sterling M. D. ADDRESS 1355 Kennedy St NW DATE SIGNED 9/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 19-1955
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Sept 16 1955
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Jones Co
ADDRESS 2901-14th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08895

8897

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS B. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 10400 Montrose Avenue

3. NAME OF DECEASED: (First) Gertrude (Middle) (n) (Last) RAMIREZ

4. DATE OF DEATH: (Month) September (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-26-89

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John COYNE

14. MOTHER'S MAIDEN NAME: Margaret TINERAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Son Philip E. RAMIREZ
Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

IMMEDIATE CAUSE (A) Carcinoma, ovary, bilateral

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) (with extensive metastases)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Jul, 1955, to 16 Sep, 1955 that I last saw the deceased alive on 16 Sep, 1955 and that death occurred at 9:40A M, from the causes and on the date stated above.

SIGNATURE D. C. TURNIPSEED CAPT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial transit

DATE THEREOF: 19 Sept 1955

NAME OF CEMETERY OR CREMATORY: Kensico Cemetery

LOCATION (City, town, or county) (State): Valhalla, New York

DATE REC'D BY LOCAL REGISTRAR: 16 Sept 1955

REGISTRAR'S SIGNATURE: Mary E. Connelly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8898 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08896
Reg. Dist. No. 218

Item 7, Film G187 9-29-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kennedyville
STREET ADDRESS (If rural give location): 14X-2

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) S. (Last) Redmile

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 16. 1870

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Redmile

14. MOTHER'S MAIDEN NAME: Wilma Silcox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: H. Walton Redmile 3709 Chevy Chase Lake Drive Chevy Chase, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive heart Failure — 48 hours
420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 2 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Cataracts — 3 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 May, 19 55, to 23 Sept, 19 55, that I last saw the deceased alive on 23 Sept 1955, and that death occurred at 9:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Fawcett M.D. Boyd, Md. 23 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-27-55
NAME OF CEMETERY OR CREMATORY: Chestertown Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 24, 1955
REGISTRAR'S SIGNATURE: Ursula L. Cooke
24. FUNERAL DIRECTOR: B.R. Sellows
ADDRESS: Still Pond, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08897

8899

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda,
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,
STREET ADDRESS (If rural give location) 7812 Stratford Road

3. NAME OF DECEASED: (Type or Print) (First) Calvin Leslie (Middle) (Last) Robinson

4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 5, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber business

10B. KIND OF BUSINESS OR INDUSTRY: Lumber business

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebban C. Robinson

14. MOTHER'S MAIDEN NAME: Katherine Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 127-09-7962

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X IMMEDIATE CAUSE (A) pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) carcinoma of the esophagus — 1 year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1955, to Sept. 29, 1955, that I last saw the deceased alive on Sept. 29, 1955, and that death occurred at 3:10 P. M, from the causes and on the date stated above.

SIGNATURE Mehran Goulian M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 9/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit

DATE THEREOF 10-1-1955

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL REGISTRAR 10/1/55

REGISTRAR'S SIGNATURE Bernice M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08898

CERTIFICATE OF DEATH

Reg. Dist. No. 216

89 0

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 93 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9004 Manchester Road

3. NAME OF DECEASED: (First) Daniel (Middle) Chase (Last) Robinson

4. DATE OF DEATH: (Month) Sep (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6 Nov ~~1906~~ 1905

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Robinson

14. MOTHER'S MAIDEN NAME: Carrie Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) Broncho pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Adeno carcinoma of cecum plus pylephlebitis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. --

19A. DATE OF OPERATION: 7-20-55, 8-27-55

19B. MAJOR FINDINGS OF OPERATION: Pylephlebitis & (2) pericecal abscess and adeno carcinoma of cecum

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1955, to Sep 10, 1955, that I last saw the deceased alive on Sep 10, 1955, and that death occurred at 7:10A M, from the causes and on the date stated above.

SIGNATURE Dana S. P. Lincoln M.D. ADDRESS The Clinical Center National Inst of Health DATE SIGNED 10 Sep 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION — DATE THEREOF 9/12/55 — NAME OF CEMETERY OR CREMATORY FT. LINCOLN CREMATORY — LOCATION (City, town, or county) (State) PRINCE GEO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR 9/12/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The L. H. Wine Co. — ADDRESS 2901-14th St. N.W. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08899

8971

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 20 E Street, N.W.

3. NAME OF DECEASED: (First) Mary (Middle) Winebrener (Last) ROONEY
4. DATE OF DEATH: (Month) September (Day) 28 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-27-72
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Thomas MOSES
14. MOTHER'S MAIDEN NAME: Ruth REESE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Obtained from Official records this hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

594X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Renal hypho sclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sep, 19 55 to 28 Sep, 19 55 that I last saw the deceased alive on 28 Sep, 1955, and that death occurred at 10:40 AM, from the causes and on the date stated above.

SIGNATURE A. J. CAPPELLETTI LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4 Oct 55
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 30 Sep 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

Written permission required from both parents — Med. Record Librarian

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

0890072847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 9-16-55

8804

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 WASHINGTON SAN + HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 17
STREET ADDRESS (If rural give location) 256 PARK AVE.

3. NAME OF DECEASED: (First) BABY (Middle) GIRL (Last) ROWE

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1955

5. SEX: FE

6. COLOR OR RACE: CAUC.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 9-16-55

9. AGE last birthday yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 3, Min. 01

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MARVIN HUNTER ROWE

14. MOTHER'S MAIDEN NAME: LUCILLE MAURINE BURGESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

IMMEDIATE CAUSE (A) DUE TO Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept~~ 16, 1955, to ~~Sept~~ 16, 1955, that I last saw the deceased alive on ~~Sept~~ 16, 1955, and that death occurred at 755 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 824 Wayne Ave Silver Spring Md. DATE SIGNED ~~Sept~~ 17 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation — DATE THEREOF: 9-21-55 — NAME OF CEMETERY OR CREMATORY: Washington San. & Hosp. — LOCATION (City, town, or county) (State): Takoma Park 12, Md.

DATE REC'D BY LOCAL REGISTRAR: SEP 20 1955 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Hare, M.D. Wash. San. & Hosp.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08901

892

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5016 Elm Street

3. NAME OF DECEASED: (First) Baby Boy (Middle) (Last) Rutherford

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 4 Days hrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert S. Rutherford

14. MOTHER'S MAIDEN NAME: Patsy Ney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Robert S. Rutherford 5016 Elm St. Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Anoxia from Respiratory insufficiency DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity @ 26 weeks DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/55, to 9/4/55, that I last saw the deceased alive on 9/4/55, and that death occurred at 6:20 P M, from the causes and on the date stated above.

SIGNATURE Jack W. Pearlman M.D. ADDRESS 4700 Bradley Blvd Chevy Chase DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-6-55

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 9/6/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey

ADDRESS: Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

20851613 32

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08902

893

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 154 Colony Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 154 Colony Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) M. (Last) Salter

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/31/92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agronomist

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Dept. of Agriculture

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Salter

14. MOTHER'S MAIDEN NAME: Minnie Mundhenk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Sara G. Salter 154 Colony Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	1 hr.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral Atteriosclerosis	1yr +
	(C) DUE TO Hypertension	2yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1954 to Sept 13, 1955, that I last saw the deceased alive on 8-12, 1955, and that death occurred at 11 10/A M. from the causes and on the date stated above.

SIGNATURE Louis Ross M. D. ADDRESS 915-19th St. N.W. Wash 6 DC. DATE SIGNED 9-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 9/15/55

NAME OF CEMETERY OR CREMATORY Hammerstock Cemetery

LOCATION (City, town, or county) (State) Zanesville, Indiana

DATE REC'D BY LOCAL REGISTRAR 9-15-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

89-4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08903 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 PARK VALLEY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SILVER SPRING 56
STREET ADDRESS (If rural, give location) 106 PARK VALLEY ROAD 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) LOUIS (Last) SANCHEZ

4. DATE OF DEATH (Month) SEPTEMBER (Day) 4 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	AUG. 19, 1955	0 yrs.		15		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Washington, D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ERNEST SANCHEZ	OLIVE WATKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	Mr. Ernest F. Sanchez, 106 Park Valley Road Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
762.0 Immediate cause	(a) Asphyxia due to Vomitus	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Respiratory Infection	?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bosshart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/6/55	Arlington National Cemetery	Arlington County, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-55	Frances Cotter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

9085 990 990

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

89 5

08904

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural
LENGTH OF STAY (in this place) 12 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. Riverdale 16-2.5-2
STREET ADDRESS (If rural give location) 5517 Nicholsen Street ✓

3. NAME OF DECEASED: (First) (Middle) (Last) SAUL
4. DATE OF DEATH: (Month) (Day) (Year) September 18 19 55

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-18-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———
10B. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Bobby M. SAUL
14. MOTHER'S MAIDEN NAME: Margaret TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Father Bobby M. SAUL Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

759.3 IMMEDIATE CAUSE (A) Immaturity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Multiple Congenital anomalies

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 19 55, to Sept 18, 19 55, that I last saw the deceased alive on Sept 18, 19 55, and that death occurred at 2:30 P M, from the causes and on the date stated above.

SIGNATURE E B McMahon M.D. ADDRESS Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

E. B. MC MAHON LTJG MC USN U.S.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-23-55
NAME OF CEMETERY OR CREMATORY Roselawn Cemetery
LOCATION (City, town, or county) (State) Leaksville, North Carolina

DATE REC'D BY LOCAL REGISTRAR 9-18-55
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home
ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08905

8916

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 4512 Cathedral Avenue, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Jacob (Last) SCHAEFFER

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-9-67
9. AGE last birthday 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Valentine SCHAEFFER
14. MOTHER'S MAIDEN NAME: Mary ACHEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Son RADM Valentine A. SCHAEFFER USN RI Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 5 Years

422.1

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cholelithiasis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Aug, 1955, to 14 Sept, 1955, that I last saw the deceased alive on 14 Sept, 1955, and that death occurred at 6:20A M, from the causes and on the date stated above.

SIGNATURE OF [illegible] — ADDRESS — DATE SIGNED

J. B. DAVIS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 16 Sept 1955
NAME OF CEMETERY OR CREMATORY: Woodland Cemetery
LOCATION (City, town, or county) (State): Dayton, Ohio

DATE REC'D BY LOCAL REGISTRAR: 14 Sept 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08906

8907

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4110 Rosemary Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4110 Rosemary Street

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) Jane (Last) SCOTT

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	11-13-65	89 yrs.	10	7		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Oil City, Penn.	US

13. FATHER'S NAME: James Spring

14. MOTHER'S MAIDEN NAME: Matilda Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Mrs Ralph Himstead-Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Failure - Acute — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary artery disease — Years
DUE TO (C) Atherosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral atherosclerosis — 3 or 4 Years.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47 to 20 Sept 19 55 that I last saw the deceased alive on 20 Sept 19 55, and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE Charles R. L. Halley M.D. ADDRESS 915-19th NW Wash DC DATE SIGNED 20 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	9-21-55	Richland	Richland, Michigan

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/22/55	Bessie M. Thompson	Robert R. Dunphey	Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items: film G187 - 10-14-55
Items 11, 14, 15, 16, 17: film G186 9-30-55 L

8908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08907

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4115 Leland Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4115 Leland Street

3. NAME OF DECEASED: (First) Herbert (Middle) Austin (Last) SHANNON

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 11 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Economist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belfast, Northern Ireland

12. CITIZEN OF WHAT COUNTRY? United Kingdom USA

13. FATHER'S NAME: James Shannon

14. MOTHER'S MAIDEN NAME: Margaret Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: EVA K. SHANNON 4115 Leland st. Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 9/20/1955 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REG. 9/20/55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberts A. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15A - 5 - 53

8979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08908

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural) | LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1335 W. Pratt St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Shipley	Sept	10	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-[illegible] 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
St. Car conductor		Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm Shipley	Mary E. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	unk.	215-09-3478	Eliz. Shipley (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 12 1955	Baltimore City Md	Baltimore City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10-55	Gertrude B Lawley	William Cook Inc	Preston St Balt

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

8910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08909

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Forlesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jonesville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forlesville X
STREET ADDRESS (If rural give location) Jonesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Hall (Last) Simms

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Sept. 11, 1901 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Forlesville, Maryland U.S.A. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Hall | 14. MOTHER'S MAIDEN NAME: Ida Tyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: John T. Simms - Forlesville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
441X IMMEDIATE CAUSE	(A) Acute Congestive Heart Failure	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) OUE TO Malignant Hypertension	12 years
	(C) OUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE OID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 17 Sept, 1955, that I last saw the deceased alive on 16 Sept, 1955, and that death occurred at 1.30 P. M, from the causes and on the date stated above.

SIGNATURE Lydia M. Smith M. D. ADDRESS Boyd DATE SIGNED 19 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/20/55 | NAME OF CEMETERY OR CREMATORY Forlesville | LOCATION (City, town, or county) (State) Forlesville, Md

DATE REC'D BY LOCAL REGISTRAR Sept. 20 1955 | REGISTRAR'S SIGNATURE Charles A. Coffin | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md.

8911

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08910

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 1326 Viers Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Olive (Last) Snowden

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: March 2 1886
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rose
14. MOTHER'S MAIDEN NAME: ~~Frances~~ Elizabeth Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Phila Rosamond Foley - Rte 6 Box 160 Little Rock, Ark

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis 2 hrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis 20 yrs.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nutritional anemia. 8 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7/55 to 9/9/55 that I last saw the deceased alive on 9/9 1955, and that death occurred at 12:40 p.M. from the causes and on the date stated above.
SIGNATURE W E Hall M. D. ADDRESS Rockville Md DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-12-55
NAME OF CEMETERY OR CREMATORY Parklawn Cem.
LOCATION (City, town, or county) Rockville Montg. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/13/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dumphrey
ADDRESS Bethesda, Md.

8912 08911

Item 18 Film G186 9-22-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 83X-3
STREET ADDRESS (If rural give location) 5103 10th St South

3. NAME OF DECEASED: (First) Eric (Middle) Charles (Last) SORG
4. DATE OF DEATH: (Month) (Day) (Year) September 3 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-8-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George A. SORG
14. MOTHER'S MAIDEN NAME: Mary Louise CRUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father George A. SORG Same as item 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.0 IMMEDIATE CAUSE (A) Pseudomembranous Ileocolitis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Broncho pneumonia. Agammaglobulinemia

24 hrs.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION Liver failure 3 days
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Aug, 1955 to 3 Sept., 1955 that I last saw the deceased alive on 3 Sept, 1955, and that death occurred at 2:38A M, from the causes and on the date stated above.

SIGNATURE H. A. Pearson — ADDRESS H. A. PEARSON LTJG MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-6-55
NAME OF CEMETERY OR CREMATORY: Fairlawn Cemetery
LOCATION (City, town, or county) (State): Millheim, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 3 Sept 1955
REGISTRAR'S SIGNATURE: Mary C. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS: W. E. Pumphrey Funeral Home 8434 Georgia Ave., Silver Spring, Md.

08912

8913

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4709 DeRussey Pkwy.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frederick (Last) Sorgenfrey

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 11, 1876

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christian Sorgenfrey

14. MOTHER'S MAIDEN NAME: Emma Dieter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Lynda Fletcher 4709 DeRussey Pkwy. Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 X

Immediate cause (a) Obstructing Carcinoma of distal esophagus — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to September 20 1955, that I last saw the deceased alive on 9-18-1955, and that death occurred at 5:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgar Kurtz MD — ADDRESS 3707 Connecticut Ave. NW Wash. 8 D.C. — DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/22/55 — NAME OF CEMETERY OR CREMATORY Durant Mem. — LOCATION (City, town or County) (State) Durant, Iowa

DATE REC'D BY LOCAL REGISTRAR 9/20/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Chevy Chase Funeral Home — ADDRESS 5103 Wisconsin Ave. N.W. DC

VS. A15

8905 08913

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montogmery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma park
LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San't Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 812 Jefferson St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Georgiana (Middle) None (Last) Sparks
4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 19 55

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-28-77
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? amer.

13. FATHER'S NAME: Boswell, William
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Washington San.t Hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 442X
(A) Cerebral haemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 41 days.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive cardio - vascular
DUE TO (C) Renal Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — anemia, fibrillation

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1955, to 9-7, 19 55, that I last saw the deceased alive on August 6, 19 55, and that death occurred at 11:35 A M, from the causes and on the date stated above.

SIGNATURE Veronika Troost M.D.
ADDRESS 1401 Hew. Ibern Ave. Silver Spg. Md.
DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 10-1955
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Sept 7 1955
REGISTRAR'S SIGNATURE J. Wilson Dodd.
24. FUNERAL DIRECTOR The S. H. Hines Co.
ADDRESS 2901-14th. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08914

8806

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-2
STREET ADDRESS (If rural give location) 6801 Riggs Road

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) Robert (Last) Stern

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1955

5. SEX: male
6. COLOR OR RACE: Jewish Am.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-14-38
9. AGE last birthday 17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Stern
14. MOTHER'S MAIDEN NAME: Lillian Tettelbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Lillian Stern

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
296X IMMEDIATE CAUSE	(A)	Widespread cerebral hemorrhage	8 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Idiopathic thrombocytopenic purpura or thrombotic " "	16 "
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 1 9/4/55
19B. MAJOR FINDINGS OF OPERATION splenectomy done
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1955, to 9/4, 1955, that I last saw the deceased alive on 9/4, 1955 and that death occurred at 3:55 P.M, from the causes and on the date stated above.
SIGNATURE [illegible signature] M.D. ADDRESS 1601 Argonne Pl, NW Wash D.C. DATE SIGNED 9/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/5/55
NAME OF CEMETERY OR CREMATORY Beth Sholom
LOCATION (City, town, or county) (State) Hillside Md P.G. Co.

DATE REC'D BY LOCAL REGISTRAR Sept 4th 1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son
ADDRESS 3501 - 14th St

8914

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08915

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda RURAL
LENGTH OF STAY (in this place) 3days 35min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Tilden Lane RT #4

3. NAME OF DECEASED: (First) Margaret (Middle) (Last) STERN

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-25-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Benkert

14. MOTHER'S MAIDEN NAME: Risk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Allan Stern — husband Tilden Lane RT #4 Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Myocardial Infarction

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/3, 1955, that I last saw the deceased alive on 9/2 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. 5130 Conn Ave NW DATE SIGNED 9/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 9/3/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR 9/6/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR B Davis & Son ADDRESS 3501-14th NW

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08916

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 79 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Arkansas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisville
STREET ADDRESS (If rural give location) 42 X-3

3. NAME OF DECEASED: (First) Bernice (Middle) Nalls (Last) Sutton

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 28, 1922	32 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	---	Arkansas	U. S. A.

13. FATHER'S NAME: William Nalls

14. MOTHER'S MAIDEN NAME: Euie Pate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) pulmonary edema

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) carcinoma of left breast with metastases to both axillae, left chest wall, pericardium, mediastinal nodes, liver, both lungs

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ---

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	---	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
	---	---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
--- M.		---

22. I hereby certify that I attended the deceased from June 24, 1955, to Sept. 11, 1955, that I last saw the deceased alive on Sept. 11, 1955, and that death occurred at 10:00 A M, from the causes and on the date stated above.

SIGNATURE Melvin Goulian M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED Sept 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13/55		Texarkana, Ark.

DATE REC'D BY LOCAL REGISTRAR 9/13/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 3072 M St NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08917

8916

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sandy Spring
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Male (Middle) Baby (Last) Thompson
4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 25, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Evelyn Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Louise Hill - Sandy Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 IMMEDIATE CAUSE (A) Prematurity, Atalectasis,

ANTECEDENT CAUSE (S) DUE TO (B) Cord around arm and leg.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Premature Separation of Placenta

INTERVAL BETWEEN ONSET AND DEATH: 3 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 7:00 P M, from the causes and on the date stated above.

SIGNATURE Webster Sewell M. D. ADDRESS Norbeck DATE SIGNED Sept 28, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-28-55
NAME OF CEMETERY OR CREMATORY Lincoln Park,
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 9-28-55
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md.

20052013C2

8917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08918

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda; LENGTH OF STAY (in this place) 12 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 2110 Hildarose Drive

3. NAME OF DECEASED: (Type or Print) (First) Gene (Middle) Grayson (Last) Thompson

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 1, 1925

9. AGE last birthday 30 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investigater

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Service Commission

11. BIRTHPLACE (State or foreign country): Los Angeles, Cal.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jefferson C. Thompson

14. MOTHER'S MAIDEN NAME: Rammelsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: Alice N. Thompson - wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

519.0

IMMEDIATE CAUSE (A) Massive hemopneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Rupture pleural adhesions left apex — 2 1/2 days

DUE TO (C) Healed apical Tuberculosis — ? years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1955, to Sept 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 8:55 A.M. from the causes and on the date stated above.

SIGNATURE John J. Curry M.D. ADDRESS M.D. 1130 Georgia Ave Silver Spring, Md. DATE SIGNED Sept 8, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 9/12/55; NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9/12/55; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Warner & Pumphrey 8434 Ga. Ave. Silver Spring, Md.

8897

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08919

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 6 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7424 Buffalo Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park — 17

STREET ADDRESS (If rural, give location) 7424 Buffalo Ave

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry Francis Thompson	Sept 17 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	W	Married	May 10 1907	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Navy Typist Trainee		Wis	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Melgrum A. Thompson	Olivine Lyonnais

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Clara Thompson (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac dilatation	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Valvular heart disease	2 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Bosshart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/21/55	St. John's Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 19 1955	J. Wilson Dodd	Warner & Lumphrey	8434 Ga. Ave. Silver Spring, Md.

8918

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08920

CERTIFICATE OF DEATH

Reg. Dist. No. 3/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place) 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 10231 Carroll place.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location) 10314 Fawcett X

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) O (Last) Frambridge

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: NOV. 24, 1865

9. AGE last birthday 89 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Catskill N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Frambridge

14. MOTHER'S MAIDEN NAME: Emily Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs Martha Simmons Kensington, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Arteriosclerosis — —

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1950 to 9/30 ..... , 1955, that I last saw the deceased alive on 9/29 , 1955, and that death occurred at 4 20/A M, from the causes and on the date stated above.

SIGNATURE J. Marion Bamshead M. D. ADDRESS 9241 Col. Blvd Silver Spring Md. DATE SIGNED 9/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit

DATE THEREOF 10-1-1955

NAME OF CEMETERY OR CREMATORY Jefferson Rural

LOCATION (City, town, or county) (State) Green County N.Y.

DATE REC'D BY LOCAL REGISTRAR 10/1/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey

ADDRESS Bethesda, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08921

8898

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Takoma Park, 12
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 244 Madison St. N.W.

3. NAME OF DECEASED: (First) Ruth (Middle) Virginia (Last) Underwood

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 30, 1897
9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Thomas
14. MOTHER'S MAIDEN NAME: Rhodella Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Charts and Records - Wash. San. & Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 170X	(A) Metastatic carcinoma of liver c obstruction jaundice	2 wks.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Carcinoma right breast	2½ yrs.
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 FEB. 1953
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA RT. BREAST c REGIONAL METASTASES
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/10, 1955, that I last saw the deceased alive on 9/10, 1955, and that death occurred at 3:35 AM, from the causes and on the date stated above.

SIGNATURE James R Coleman M.D. ADDRESS 113 Carroll St. NW Washington DC DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 14-1955 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR Sept 11 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS Wash DC

8919

08922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

Item 18 Film G167 10-8-53 ahb

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Falls Church 83 x 3
STREET ADDRESS (If rural, give location) 309 Walnut Street

3. NAME OF DECEASED: (Type or Print) (First) Jo (Middle) KING (Last) WALPOLE

4. DATE OF DEATH (Month) (Day) (Year) September 16 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	2-18-74	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Teacher	Education	New York	US

13. FATHER'S NAME: Garrison M. KING

14. MOTHER'S MAIDEN NAME: Eliza DENNISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	- -	Son Capt Kinloch C. WALPOLE USN Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0
Immediate cause (a) Pulmonary edema
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lobular pneumonia
DUE TO
(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pyelonephritis Cardiac hypertrophy

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnan M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	9-16-55	Fort Lincoln Crematory	Bladensburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-16-55	Mary E. Farrell	Pearson Funeral Home Falls Church, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08923

8920

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~WASHINGTON GROVE~~ Bethesda
LENGTH OF STAY (in this place) 5½ HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON GROVE
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) ETTIE (Middle) ELIZABETH (Last) WATKINS

4. DATE OF DEATH: (Month) SEP. (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/13/81

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: WILLIAM LEWIS BELL

14. MOTHER'S MAIDEN NAME: WILMA STICKEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: WILMA W. ULMER 3508 BRADMOOR DR. - BETHESDA, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Vascular Accident — DUE TO

(C) Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1955, to 9/21, 1955, that I last saw the deceased alive on 9/21, 1955, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE Luciano J. Leal M. D. ADDRESS Smithsburg Md DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Sept 25 1955 — NAME OF CEMETERY OR CREMATORY Brookingsville Md — LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 9/25/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Poolesville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8924

88^9

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 5338 Chillum Place N.E.

3. NAME OF DECEASED: (First) MORRIS (Middle) (None) (Last) WATTENBERG
4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1955

5. SEX: male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: June 15, 1893
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TailoR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: ~~Unknown~~ Mendel Wattenberg
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Esther Rajzla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Son - Leonard Wattenberg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X (A) CEREBRAL HEMORRHAGE — 36 HOURS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) HYPERTENSIVE - ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1950 to Sept. 27, 1955, that I last saw the deceased alive on Sept. 27, 1955, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE Stanley W. Kusleen M.D. ADDRESS 1835 Eye St. N.W. Wash. D.C. DATE SIGNED Sept. 27 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 29 1955
NAME OF CEMETERY OR CREMATORY Mt Lebanon
LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 29 1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B Davenport & Son
ADDRESS Washington D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8921

08925 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 187 9-27-55 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery Co. Gen'l Hosp. Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): College Park 16 x - 2
STREET ADDRESS (If rural, give location): Lakeland Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Herbert (Last) Watters

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-21-21

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Watters

14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 825K

Immediate cause (a) Subdural hemorrhage

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) laceration of temporal lobe

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway

21c. (City or town) Mt. Fairland (County) Mont. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? passenger in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/15/55

NAME OF CEMETERY OR CREMATORY: Mountain M. Church

LOCATION (City, town, or county) (State): Joppa, Md.

DATE REC'D BY LOCAL REG. 9-13-55

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08926

8810

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK, 17
LENGTH OF STAY (in this place) 21½ YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7408 CEDAR AVE 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 17
STREET ADDRESS (If rural give location) 7408 CEDAR AVE. 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ALBERT (Last) WAYSON

4. DATE OF DEATH: (Month) SEPT. (Day) 14, (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: JUNE 16, 1885 | 9. AGE last birthday 70 YRS. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (RET) ENGRAVER
10B. KIND OF BUSINESS OR INDUSTRY: BUREAU OF ENGR & PRINTING
11. BIRTHPLACE (State or foreign country): NEW YORK CITY, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHAS. ALBERT WAYSON. SR.
14. MOTHER'S MAIDEN NAME: ANNA JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: NOVELLA LILLY WAYSON 7408 CEDAR AVE., TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Acute cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO cerebral arteriosclerosis — 4 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1950, to 9/14 , 1955, that I last saw the deceased alive on 9-13 , 1955, and that death occurred at 5:23 P.M, from the causes and on the date stated above.
SIGNATURE Wm. M. Ballinger ADDRESS M. D. 1801 Eye N.W. DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF SEPT. 17, 1955 | NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETERY | LOCATION (City, town, or county) (State) Bladensburg at D.C. Line Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 15 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Arthur Walters ADDRESS 254 Carroll St. NW Takoma Park 12, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8922

08927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place) 1/2 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Muddy Branch Rd.

3. NAME OF DECEASED: (Type or Print) (First) Glen (Middle) Odie (Last) Webb

4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	12-1-39	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles C Webb
14. MOTHER'S MAIDEN NAME: Nancy Colburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles C Webb Gaithersburg Rt 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
825 X
Immediate cause (a) Hemorrhage due to severance
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Left femoral artery
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Cedar Grove	(County) Monty	(State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-28-55 11:57 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Passenger in auto accident		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bronstart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-1-55	Forest Oak	Gaithersburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 30, 1955	Bessie M. Thompson	Ernest C. Gartner	

Oct 3

8923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08928

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47 X 3
STREET ADDRESS (If rural give location) 4851 Sedgwick Street, N. W. ✓

3. NAME OF DECEASED: (First) James (Middle) Withrow (Last) WEBB
4. DATE OF DEATH: (Month) September (Day) 17 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-6-95
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Marines
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James W. WEBB
14. MOTHER'S MAIDEN NAME: Maude Hayes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WWII
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Frances W. WEBB Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X IMMEDIATE CAUSE (A) Adenocarcinoma left kidney. with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 7 years.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1955, to Sept 17 1955 that I last saw the deceased alive on Sept 17 1955 and that death occurred at 5:19A M, from the causes and on the date stated above.

SIGNATURE E. M. TOMLIN LCDR MC USN ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-19-55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 9-17-55
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08929

8924

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton 72x-3
STREET ADDRESS (If rural give location) 1631 Coventry Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Albert (Last) Woxman

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1894

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tech. Service Man

10B. KIND OF BUSINESS OR INDUSTRY: Gen. Motors

11. BIRTHPLACE (State or foreign country): Cinncinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Woxman

14. MOTHER'S MAIDEN NAME: Elizabeth Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 292-01-3076

17. INFORMANT & ADDRESS: Dorothy Woxman - daughter-in-law 4845 Broadbrook Dr. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO (B) & Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955 to Sept 20, 1955, that I last saw the deceased alive on Sept 19, 1955, and that death occurred at 12:40 M, from the causes and on the date stated above.

SIGNATURE R. Boyce M. D. ADDRESS Bethesda, Md DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit

DATE THEREOF 9-21-55

NAME OF CEMETERY OR CREMATORY Memorial Park

LOCATION (City, town, or county) (State) Dayton, Ohio

DATE REC'D BY LOCAL REGISTRAR 9/22/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Gunkus

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08930

8811

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. 17
LENGTH OF STAY (in this place) 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp. 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, md. 16-16-2
STREET ADDRESS (If rural give location) 3400 Shepard St. ✓

3. NAME OF DECEASED: (First) Essie (Middle) Ella (Last) Xander

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1955

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 7-13-85

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Ruble

14. MOTHER'S MAIDEN NAME: Susan V. Crawford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 Hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arterioscleroticHeart Disease — 2 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1955, to Sept 24 1955, that I last saw the deceased alive on Sept 24, 1955 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Samuel J. Kugar ADDRESS M.D. Mt Rainier Md. DATE SIGNED Sept 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 27, 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 26 1955 — REGISTRAR'S SIGNATURE E. Mason Nevdd 9-29-55.

24. FUNERAL DIRECTOR Frasche Sons — ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08931

8812

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
STREET ADDRESS (If rural give location) 3111 Bunkerhill Rd.

3. NAME OF DECEASED: (First) Laura (Middle) Belle (Last) Zinn

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 23, 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Crist

14. MOTHER'S MAIDEN NAME: Irene Eichelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Husband - same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172.x IMMEDIATE CAUSE (A) Abdom + thoracic metastases from

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Adenocarcinoma of fundus uteri

DUE TO (C) operated 1 yr ago

INTERVAL BETWEEN ONSET AND DEATH: 1 yr ~~mm~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hysterectomy

19A. DATE OF OPERATION: July 1954

19B. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of fundus uteri

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1955, to 9/9/55, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE R. W. Holohan, M. D. ADDRESS 520 Underwood St NW DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Sept 12, 1955

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE RECD BY LOCAL REGISTRAR: SEP 9-1955

REGISTRAR'S SIGNATURE: [illegible] Dodd

24. FUNERAL DIRECTOR: Talley Funeral Home Inc. ADDRESS: 3702 R.I. Ave. Mt. Rainier